Heartland
Health Region

Heartland Health Region's Annual Report

2014-2015

For the 2014-15 Fiscal Year
Ended March 31, 2015

Healthy People
Healthy Communities
Collaboration
Stewardship
Respect
Unwavering Focus on the Patient
Compassion
Excellence
Service Excellence in an Enduring Health System

Heartland Health Region

OUR VISION

Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System

OUR MISSION

To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health.

OUR VALUES:

- *Compassion*
- *Respect*
- *Collaboration*
- *Stewardship*
- *Excellence*

WE WILL FOCUS ON:

Better Health

Better Care

Better Teams

Better Value

Table of Contents

Table of Contents i

Letter of Transmittal 1

Overview of the Annual Report 2

Vision, Mission and Values 2

Regional Health Plan 2

Heartland Health Region Overview 5

Governance and Transparency 13

Partnerships 15

Key Partners and Health Care Organizations 16

Our Region 20

Health Behaviours and Lifestyle Factors 22

Overview of Programs and Services 39

Better Health 39

Better Care 46

Better Teams 55

Better Value 70

Emerging Health Issues 73

Progress in 2013-2014 75

Payee Disclosure Lists 82

Management Report 92

Financial Statements 93

Table of Figures

Figure 1: Heartland Map of Facilities 4

Figure 2: Organizational Structure 10

Figure 3: HRHA Board 13

Figure 4: Senior Leadership Reporting Structure 14

Figure 5: Senior Leadership Team 14

Figure 6: Heartland Health Region Population (2014) 20

Figure 7: Perceived Health as Very Good or Excellent Canada, Saskatchewan, Health Region 22

Figure 8: Perceived Health as Very Good or Excellent by age and gender 22

Figure 9: Perceived Mental Health as Very Good or Excellent Canada, Saskatchewan, Health Region 23

Figure 10: Perceived Mental Health as Very Good by Gender ... 24
Figure 11: Perceived Mental Health as Very Good or Excellent by Age or Gender ... 24
Figure 12: Perceived Life Stress Canada, Saskatchewan and Region ... 25
Figure 13: Perceived Life Stress By Sex ... 25
Figure 14: Perceived Life Stress By Age and Gender ... 26
Figure 15: Current Smokers Canada, Saskatchewan and Region ... 26
Figure 16: Current Smokers by Sex ... 27
Figure 17: Current Smokers by Age ... 27
Figure 18: Exposed to Second Hand Smoke in Vehicles ... 28
Figure 19: Exposed to Second Hand Smoke in Public Places ... 28
Figure 20: Heavy Alcohol Consumption by Canada, Saskatchewan and Region ... 29
Figure 21: Heavy Alcohol Consumption by Age ... 29
Figure 22: Utilization of Alcohol and Drug Services Provided by the Saskatchewan Government ... 30
Figure 23: Fruits and Vegetables Daily Consumption Canada, Saskatchewan and Region ... 30
Figure 24: Fruits and Vegetables Consumption by Sex ... 31
Figure 25: Fruits and Vegetable Consumption by Age Group ... 31
Figure 26: Body Mass Index, Canada, Saskatchewan and Region ... 33
Figure 27: Body Mass Index by Sex ... 33
Figure 28: Body Mass Index by Age Group ... 34
Figure 29: Body Mass Index by Age Groups (Overweight and Obese) ... 34
Figure 30: Body Mass Index Overweight Canada, Saskatchewan and Region ... 35
Figure 31: Body Mass Index Obese Canada, Saskatchewan and Region ... 35
Figure 32: Physical Activity During Leisure Time Canada, Saskatchewan, Region ... 36
Figure 33: Physical Activity During Leisure Time by Sex ... 37
Figure 34: Physical Activity During Leisure Time by Age ... 37
Figure 35: % with Dental Decay - Comparison by Screening Age - Grade One ... 43
Figure 36: % with Dental Decay - Comparison by Screening Age - Grade Seven ... 43
Figure 37: Distribution Full Time Equivalents by Affiliation 2014-2015 ... 55
Figure 38: Aboriginal Population Living in Heartland Health Region ... 57
Figure 39: Overtime Hours Per FTE 2014-2015 ... 58
Figure 40: Callbacks as a Proportion of Overtime ... 60
Figure 41: Sick Time Hours Per FTE 2014-2015 ... 61
Figure 42: Staff Incidents Per Month ... 64
Figure 43: 2014-15 Back Injuries with Mechanism of Injury ... 65
Figure 44: 2014-15 Shoulder Injuries with Mechanism of Injury ... 66
Figure 45: Dr. Sumeet Dhillon ... 68
Figure 46: Dr. Harjeet Singh Nanda ... 68
Figure 47: Dr. Michael Olabiyi ... 68
Figure 48: Dr. Ola Bamigboje ... 69
Figure 49: EMS Fleet Ratings – Average Vehicle Rating 2012, 2013, 2014 and 2015 ... 77
Figure 50: EMS Total FTE and Vacant FTE April 2014 to March 2015 ... 78
Figure 51: Overtime Hours per FTE by EMS Service 2014-2015 ... 80

Table of Tables

Table 1: EMS Calls in Heartland 9
Table 2: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2014-15) 11
Table 3: Statistical Data for 2014 – The Year at a Glance 12
Table 4: Equipment Purchased in 2014-2015 17
Table 5: November 28, 2014 Report-Out 47
Table 6: Overtime Hours Comparison by Affiliation 58
Table 7: Overtime Hours Comparison by Department/Service 59
Table 8: Sick Time Hours by Affiliation 61
Table 9: Out of Service Times by EMS Service 2011-2012 to 2014-2015 79
Table 10: Quality Indicators - Long Term Care 81

Access the Annual Report online at:
http://hrha.sk.ca/publications-media/annual-reports/

Letter of Transmittal

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan;

The Heartland Regional Health Authority (HRHA) is pleased to provide you and the residents of the health region with the 2014-2015 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2015.

The Heartland Health Region (HHR) had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of the employees and medical staff of the Heartland region, investments from the Province of Saskatchewan, as well as the generous residents who give generously of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,

Richard Anderson
Chairperson

Overview of the Annual Report

The 2014-2015 Annual Report will highlight successes and challenges we have had during the past year. It will outline some of the programs and initiatives we have been working on throughout the region. The report will also show how our programming and services align with the Ministry of Health's Health Plan.

In the Heartland Health Region, we are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. The region has been working hard to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous quality improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, when planning for anticipated change we can consistently put the clients' needs and wishes first.

Did You Know?

On a yearly basis, Heartland Health Region:

- Admits more than 2,508 acute care patients to hospital;
- Provides more than 895 surgeries, including diagnostic procedures;
- Has more than 35,008 ambulatory care and out-patient visits;
- Responds to more than 3,518 emergency medical service calls (EMS);
- Conducts over 468,833 laboratory tests and x-ray exams;
- Conducts over 2,240 ultrasound exams;
- Provides more than 4,480 doses of influenza vaccine to populations over age 65;
- Provides education on diabetes to more than 2,874 clients;
- Provides mental health and addictions services to more than 8,222 clients;
- Provides physiotherapy and occupational therapy to over 10,813 clients;
- Provides service to more than 1,905 home care clients;
- Provides residential care to more than 481 residents in long term care.

Vision, Mission and Values

The region adopted a vision, mission and values statement in April 2010. "Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System" is the vision. The mission is "To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health." Our values are Compassion, Collaboration, Excellence, Respect and Stewardship.

Regional Health Plan

The Heartland Regional Health Authority (HRHA), also known as the Heartland Health Region (HHR) is responsible to deliver health care services to citizens living within its borders. This year we continued on our journey to achieving of our Health Plan 2014-2015. The Health Plan sets out how we turn our strategies into actions that are aligned with the Provincial Health System. It is the 'Strategic Directions' that establish the actions the Region will take.

We use a coordinated process similar to the rest of the provincial health regions for strategic planning. It is a system where goals are jointly determined, plans to achieve the goals are established, and measures are created to ensure progress towards these goals. Our Strategic Direction is intended to help us "focus and finish." It involves identification of shared goals, communicating the goals to all leaders and holding participants accountable for achieving their part of the plan. The strategic planning process provided the region with a valuable opportunity to review our priorities and determine must-do-can't-fail initiatives.

There are four long term strategies identified as priorities for the provincial system. These are Better Health, Better Care, Better Value and Better Teams.

Provincial Health System Goals

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Better Teams

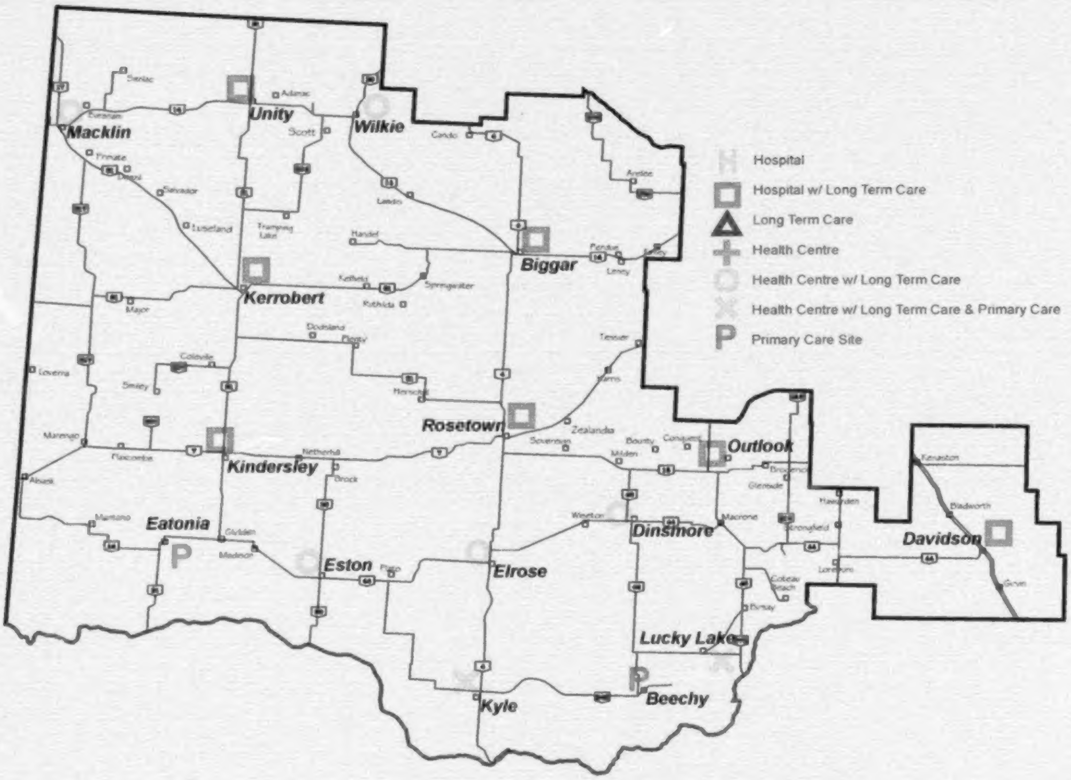
Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Putting Patients First
better health • better care • better value • better teams

The engagement and support of our staff, physicians and managers is **key** to accomplishing our vision of a transformed health system. It is important that we engage staff at every level with strategic planning and help them understand how every employee's work supports our shared vision and plans for the future.

Information about Strategic Planning for the Saskatchewan health care system and the Ministry of Health Plan for 2015-16 is available on the government website: http://www.finance.gov.sk.ca/PlanningAndReporting/2015-16/HealthPlan1516.pdf

Figure 1: Heartland Map of Facilities


Hospital
Hospital w/ Long Term Care
Long Term Care
Health Centre
Health Centre w/ Long Term Care
Health Centre w/ Long Term Care & Primary Care
Primary Care Site
Senlac
Unity
Adanac
Wilkie
Macklin
Evesham
Scott
Cando
Primate
Salvador
Luseland
Tramping Lake
Landis
Handel
Biggar
Perdue
Leney
Kerrobert
Major
Springwater
Dodsland
Plenty
Coleville
Smiley
Loverna
Marengo
Flaxcombe
Kindersley
Netherhill
Brock
Alsask
Mantario
Eatonia
Glidden
Madison
P
Eston
Rosetown
Zealandia
Sovereign
Tessier
Harris
Bounty
Conquest
Milden
Outlook
Broderick
Glenside
Macrorie
Hawarden
Strongfield
Loreburn
Kenaston
Bladworth
Davidson
Girvin
Wiseton
Dinsmore
Elrose
Coteau Beach
Birsay
Lucky Lake
Kyle
Beechy
P

Heartland Health Region Overview

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Health Services, Human Resources, Corporate Services, and Primary Health/Quality Services. The Senior Medical Officer is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2 on page 10.

Programs and Services

Primary Health Care Services

Various forms of Primary Health Care (PHC) service delivery exist across the Region. In many communities PHC is delivered through the traditional model of clinic based services delivered by sole or group practice physicians. In contrast to the traditional model, the communities of Beechy, Lucky Lake and Kyle have a well-established team-based, collaborative model of care. These three communities share a single physician who rotates through each community on a weekly basis and supports and collaborates with a full-time Nurse Practitioner (NP) assigned to each of the communities. This means a community has access to a full-time NP five days a week and if need be the NP can consult with the physician on a daily basis regardless of which community the physician is visiting. The communities of Kerrobert and Eston also have a physician and NP working alongside of one another, in a consultative, collaborative manner. This partnership looks a little different in Kerrobert and Eston in that there is not as much opportunity for the NP and physician to be co-located as in the Beechy-Kyle-Lucky Lake arrangement. The variation in PHC across Heartland is a testament to the fact there is no one way to deliver service – it depends on geography, population needs and opportunities.

While physician and NP services are one hub of PHC, another hub consists of the service provided by other providers, such as Community Dieticians, Diabetes Nurse Educators, Exercise Therapist, Physical and Occupational Therapists, Mental Health and Addictions Counsellors, Home Care, and community Pharmacists, to name a few. As Heartland continues to grow and develop our PHC services, this hub of service providers continue to be key partners in developing new intake and assessment procedures, better referral processes, and increased collaborative practice with the goal of improving the client's care plan. PHC can look different and involve different practitioners, but ultimately the goal is the same: collaborating together, to offer an enhanced, coordinated and improved care plan to the client.

Quality Services

Using different approaches and methods, Quality Services supports improvement initiatives across Heartland's clinical services and programs.

In some cases these improvement initiatives are initiated through provincial priorities. Providing support to the Long Term Care portfolio with the Ministry's mandate on quality indicators is one example of Quality Services work on a provincial initiative. Other improvement initiatives are in response to the "customer's voice". For example, improvement work around wait-times and patient flow for Laboratory services in the Kindersley and District Health Centre is an example of an improvement initiative that was launched in response to concerns raised by patients who use the service. Lastly, through organizational planning and prioritization, Quality Services also takes on improvement initiatives identified by frontline staff and the management team as Heartland Health Region's operational priorities. Support with the EMS service line review, through the format of a 3P event, is an example of Quality Services supporting a Heartland Health Region priority.

While many improvement initiatives come out of a provincial mandate, the customer's voice, or Regional operational priorities, there are also other sources that drive improvement work. Individual client or family concerns, or critical incidents involving a near miss or actual adverse event typically present several improvement opportunities for improving the safety and quality of our frontline services. Risk management also occurs in the form of responding to and monitoring improvements triggered by an "Issue Alert" from the Ministry of Health, or product and equipment vendors.

In addition to improvement initiatives, Quality Services also spends time handling Privacy matters. Tending to privacy issues ranges from processing access to health information by clients or other stakeholders, investigating and handling privacy concerns from individual clients and families, and assisting with updating and improving our policies and practice related to privacy matters.

Regardless of the topic or area of work, Quality Services often follows a similar format: gather information and data, clearly understand the problem, and develop and test new processes for improving the situation.

Population Health Services

Population Health Services is comprised of Public Health Inspection, Public Health Nursing, Dental Health Education, Population Health Promotion, Public Health Nutrition, and the Parent Mentor Program.

Public Health Inspection works with communicable diseases. They do inspections on restaurants, plumbing, sewage, water, swimming pools and invasive personal services. As well, they offer Food Safe courses in the classroom setting and on line.

Public Health Nursing offers a variety of programs such as pre and postnatal care, breastfeeding support, immunization, car seat safety, health education and counselling, communicable disease control, and international travel clinics.

Dental Health education runs sealant, varnish and fluoride programs in targeted schools. They also work with the preschool population. They do counseling and teaching with individuals and in group settings.

Population Health Promotion and Public Health Nutrition work with all ages to promote better health outcomes. They guide other professionals in best practice and do one on one counselling.

The Parent Mentor program is designed to offer extra help and support for expectant parents and those with small children. They run group sessions which offer a variety of information. They meet regularly with each family admitted to the program.

Community-Based Services
To provide local access to services for clients, the Region has developed a strategy to provide community-based services for Mental Health, Addictions and Therapies. These services are available in the larger communities in the Region. Outlook, Rosetown, Kindersley, Unity and Biggar Health Centres all house the following:

- Community Mental Health Nurses, Adult Counselors, and Child & Youth Counsellors,
- Addictions Counsellors, and
- Physiotherapy and Occupational Therapists and Community Therapy Aides.

Also included in the community-based services program are regional programs such as Autism, Speech Language Pathology, Community Inclusion Support Services, and Podiatry. All these programs provide service to communities throughout the region.

Hospital/Acute Care
Acute care services in Heartland are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Ministry of Health. The region's seven hospitals provided 82 designated acute care beds with obstetrical and low-complexity surgeries offered in Kindersley and Rosetown. Table 2 on page 11 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care
Heartland and its affiliate, St. Joseph's Health Centre (Macklin) provide Institutional Supportive Care (Long Term Care - LTC) in 481 beds. These beds are located in 14 communities and include 2 new recently opened facilities: Rosetown (March 2014) and Biggar (March 2015) (See Table 2 on page 11). Placement into our Long Term Care facilities is prioritized based on client need. Heartland's facilities also offer additional temporary care beds that provide respite, palliative and convalescent care.

Home Care Services
Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and

adult wellness clinics. Home Care also provided short-term acute care services on an as needed basis. Home care gave services to 1,905 clients in the 2014-15 year. There were 37,170 meals supplied to 340 clients during this fiscal period.

Emergency Medical Services (EMS)

The Heartland Health Region has seventeen EMS sites. Sixteen of these sites operate a traditional EMS service and one site operates as an EMS Rover service. The EMS Rover service provides advanced initial response to patients. The Sport Utility Vehicle (SUV) that is the Rover is staffed with an intermediate care paramedic or primary care paramedic and equipped with basic and intermediate EMS equipment, responds to the scene of the illness or injury, they assess the patient and initiate treatments while waiting for the transport ambulance to arrive from a neighboring community. Of these seventeen sites, fifteen are region owned and operated. The two contracted EMS services are located in Beechy and Elrose.

Heartland EMS services responded to 3,518 calls in 2014-2015. (See Table 1 on page 9) This is a regional increase of 47 calls from 2013-2014. The EMS sites are staffed with Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Emergency Medical Technician – Advanced (EMT-As) and Emergency Medical Technician – Paramedics (EMT-Ps). There are around 130 EMS staff employed in the region. The majority of these staff are on-call casual employees.

Table 1: EMS Calls in Heartland

Site	2014-2015 EMS Calls	2013-2014 EMS Calls	Increase/Decrease
Beechy	62	71	-9
Biggar	471	459	+12
Davidson	300	310	-10
Dinsmore	34	43	-9
Dodsland	48	43	+5
Eatonia	38	67	-29
Elrose	47	43	+4
Eston	158	123	+35
Kerrobert	193	190	+3
Kindersley	781	728	+53
Kyle	45	70	-25
Luseland	35	37	-2
Macklin	113	91	+22
Outlook	345	381	-36
Rosetown	390	360	+30
Unity	381	337	+44
Wilkie	77	118	-41
Regional Total	**3518**	**3471**	**+47**

Administrative Structure
Organizational Chart
As of March 31, 2015

Figure 2: Organizational Structure

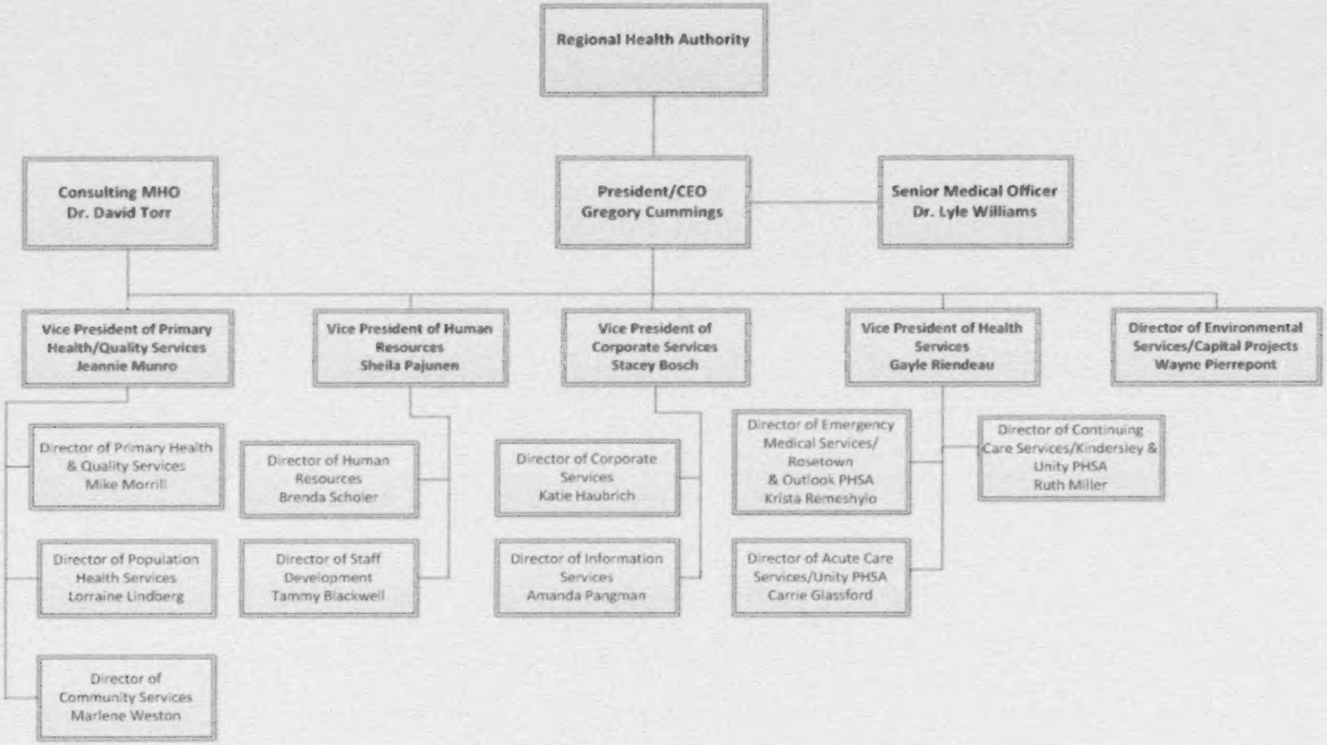

Regional Health Authority
Consulting MHO Dr. David Torr
President/CEO Gregory Cummings
Senior Medical Officer Dr. Lyle Williams
Vice President of Primary Health/Quality Services Jeannie Munro
Vice President of Human Resources Sheila Pajunen
Vice President of Corporate Services Stacey Bosch
Vice President of Health Services Gayle Riendeau
Director of Environmental Services/Capital Projects Wayne Pierrepont
Director of Primary Health & Quality Services Mike Morrill
Director of Population Health Services Lorraine Lindberg
Director of Community Services Marlene Weston
Director of Human Resources Brenda Scholer
Director of Staff Development Tammy Blackwell
Director of Corporate Services Katie Haubrich
Director of Information Services Amanda Pangman
Director of Emergency Medical Services/ Rosetown & Outlook PHSA Krista Remeshylo
Director of Acute Care Services/Unity PHSA Carrie Glassford
Director of Continuing Care Services/Kindersley & Unity PHSA Ruth Miller

Table 2: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2014-15)

Facility	Category Offered	Acute	Long Term Care	Alternate Level of Care (ALC)	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley & District Health Centre	Acute, ALC	21	0	5	26
	LTC, ALC	0	77	2	79
Total District Hospitals		21	77	7	105
Community Hospitals					
Biggar & District Health Centre	Acute, LTC, ALC	13	54	2	69
Davidson & District Health Centre	Acute, LTC, ALC	2	30	6	38
Kerrobert & District Health Centre	Acute, LTC, ALC	10	30	2	42
Outlook & District Health Centre	Acute, LTC, ALC	10	42	6	58
Rosetown & District Health Centre	Acute, ALC	16	0	5	21
	LTC, ALC		52	2	54
Unity & District Health Centre	Acute, LTC, ALC	10	32	3	45
Total Community Hospitals		61	240	26	327
Sub Total District/Community Hospitals		82	317	33	432
Health Centres					
Beechy Health Centre	Health Centre (5 days/wk)	0	0	0	0
Dinsmore Health Centre	LTC, ALC	0	18	3	21
Eatonia Health Centre	Health Centre (5 days/wk)	0	0	0	0
Elrose Health Centre	LTC, ALC	0	30	3	33
Eston Health Centre	LTC, ALC	0	31	4	35
Kyle Health Centre	LTC, ALC	0	17	3	20
Lucky Lake Health Centre	LTC, ALC	0	17	3	20
Wilkie Health Centre	LTC, ALC, ER	0	29	5	34
Health Centres Subtotal		0	142	21	163
Total HHR Beds		82	459	54	595
Affiliated Health Centre					
St. Josephs - Macklin	LTC, ALC	0	22	4	26
Grand Total		82	481	58	621

*Alternate Level of Care beds may include respite, convalescent, palliative and observation

Table 3: Statistical Data for 2014 – The Year at a Glance

STATISTICS - Hospitals	2014	2013
Acute Care Inpatient Separations*	2508	2,678
Live Births	17	27
Surgical Cases (OR & Day Surgery in OR)	895	921
Hospital Emergency Room Visits	23,437	24,906
Hospital Ambulatory - Scheduled Visits - General Medicine	11,571	9,634
Specialty	1,776	1,758
In-House Laboratory Tests and X-ray Exams	468,833	461,557
Ultrasound Exams	2,240	2,147
Ambulance Calls	3,518	3,471
STATISTICS - Continuing Care	**2014**	**2013**
Long-Term Care Separations*	237	211
Temporary Care Separations*	337	389
STATISTICS - Community Services	**2014**	**2013**
Physiotherapy Occupational Therapy Visits	10,813	11,086
Speech & Language Pathology Visits	315	328
Dietitian Visits	2,298	2,655
Diabetes Nurse Educator Visits	2,874	2,405
Podiatry Visits	1,895	1,980
Mental Health and Addictions Service Events	8,222	8,395
Telehealth Clinics and Education Sessions	786	953

*Separations refers to discharges

Governance and Transparency

Heartland Regional Health Authority (HRHA) has completed its twelfth year of operation. An eleven member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. In August, 2013 the Ministry of Health appointed one new board appointment to the HRHA. The new Board appointment from Kindersley was Mark Stockford. He joined existing board members Chairperson Richard Anderson, Vice Chairperson Lorreen Illott, Hazel Lorenz, Mary Lou (ML) Whittles, Loretta Goring, George Siemens, Gary Groves, Lyle Rankin, David Nykiforuk and Norman McIntyre.

Figure 3: HRHA Board

Back Row (L-R): Mark Stockford; Hazel Lorenz; Richard Anderson, Chair; Lyle Rankin; David Nykiforuk and Norman McIntyre
Front Row (L-R): George Siemens; Loretta Goring; Mary Lou (ML) Whittles; Lorreen Illott, Vice-Chair; and Gary Groves

Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values.

The Heartland Health Region places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources within the context/realities of the present day. Within these contexts, ethical dilemmas sometimes arise. The Heartland Regional Ethics Advisory Committee has developed a regional Code of Ethics as well as an Ethics Decision-making Framework to provide references and a process to assist people (staff, physicians, community stakeholders) to find a resolution to these dilemmas. Additionally, the Ethics Advisory Committee continues to offer an Ethics Consultative service to clients, families, staff, physicians and community members.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships between the Authority, regional stakeholders, and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process. The Board participates in an accreditation process using the governance functioning tool, conducting a self-assessment using Accreditation Canada's governance standards, and actively participating in the on-site survey.

Roles and Responsibilities

For 2014-2015, the Accountability Document issued annually by the Ministry of Health focused on strategic direction and expectations. The annual Accountability Document and the Health System Plan provided by the Ministry of Health also identify specific program and service expectations for the health region. The region's strategic directions are aligned with those of the Ministry of Health, all Saskatchewan Health Authorities, and the Saskatchewan Cancer Agency.

The government, regional health authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) are focused on quality patient care and improving the patient experience. CEOs and executive staff play a critical role in the health system and have been asked to lead transformational change throughout the health system.

The President/CEO reports directly to the RHA regarding general and daily operations of the health region. The Senior Leadership Team, comprised of four vice-presidents, the Director of Environmental Services, the Senior Medical Officer and the President/CEO, meets frequently and are responsible for planning, integrating and delivering health services throughout the region.

Figure 4: Senior Leadership Reporting Structure

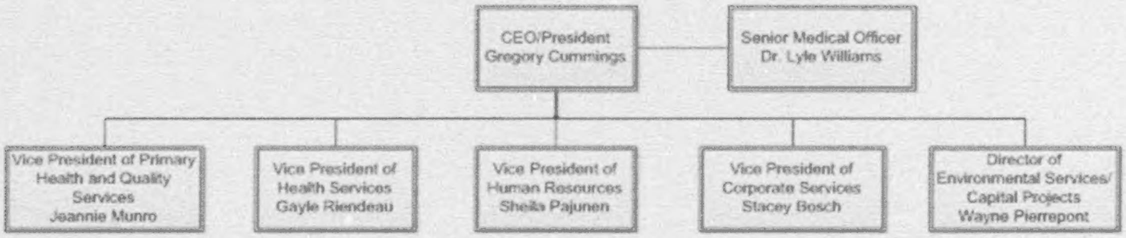

CEO/President
Gregory Cummings
Senior Medical Officer
Dr. Lyle Williams
Vice President of Primary Health and Quality Services
Jeannie Munro
Vice President of Health Services
Gayle Riendeau
Vice President of Human Resources
Sheila Pajunen
Vice President of Corporate Services
Stacey Bosch
Director of Environmental Services/ Capital Projects
Wayne Pierrepont

Figure 5: Senior Leadership Team

Back Row: Wayne Pierrepont, Sheila Pajunen, Stacey Bosch, Greg Cummings, and Dr. Lyle Williams
Seated: Gayle Riendeau and Jeannie Munro

The Regional Operational Planning Team (OPT) comprised of the CEO, the Senior Leadership Team and all program Directors, meet regularly. The OPT is a regional forum of health care leaders dedicated to enhancing the client's experience through collaboration amongst portfolios. Using a leadership style that facilitates change, the team addresses strategic direction and operating practices to ensure health system improvements. The OPT members provide input into strategic and operational plans, ongoing action plan development and performance monitoring.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the Province. It articulates the expectations for the organizational programs, service and funding of regional health authorities.

Health Shared Services Saskatchewan (3sHealth) and Saskatchewan Association of Health Organizations (SAHO)

The partnership to form 3sHealth was established between all Saskatchewan health regions and the Saskatchewan Cancer Agency in April 2012.

3sHealth is an organization that leverages economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. 3sHealth assumed the established shared services provided by SAHO such as payroll, group benefits, and procurement contracts administration.

SAHO will operate as the representative employer for health regions in collective bargaining negotiations and interpretation.

Sun West School Division

Heartland Health Region has a close working relationship with the SunWest School Division as its territory has the same boundaries except for the Unity area. The Region provides education regarding addictions issues to classes in both elementary and high schools. Heartland's Autism program is involved with students in the schools and works with teachers to adapt programs to best serve autistic children.

Integrated Case Management has been a renewed concept in the last year involving the partners who participate in the West Central Regional Intersectoral Committee. There have been many case conferences involving the School Division, Heartland Health Region Child and Youth Counselors and the Ministry of Social Services.

Other Partnerships

The Saskatoon Health Region is another important regional partner. With no tertiary or regional hospital, inpatient psychiatric or inpatient addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The Saskatoon Health Region provides psychiatrists on contract to visit the communities of Rosetown, Kindersley, Outlook and Biggar on a monthly basis to provide local access for psychiatric clients. The Saskatoon Health Region also hosts services such as a Forensic Child Psychologist who assesses clients and families. Mental Health and Addictions staff take advantage of webinars and Telehealth presentations provided by Saskatoon Health Region that allow staff to access education opportunities without incurring the costs of travel and accommodations. Heartland will also be sharing a halftime Knowledge Exchange Trainer with Saskatoon to help us with providing training specific to Heartland's needs for Mental Health and Addictions staff.

The region worked together with the Cypress Health Region in order to provide Nurse Practitioner services in the community of Eatonia. This past year Heartland partnered with Cypress Health Region for sterilization of medical devices for our region. This contract is being monitored by the Regional Surgical Team with input from the Infection Control Practitioner.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC) and the Waterwolf Planning Commission) to successfully resolve issues related to equipment requirements, service levels and resident concerns.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee and the Waterwolf Planning Commission
- Liaising with local Health Foundations
- Working with local community physician recruitment groups
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups
- Physician recruitment working group

Key Partners and Health Care Organizations

Health and Community Foundations

Health foundations and community donors play an important role in ensuring we have up to date equipment to provide quality health care to the residents of Heartland Health Region. In 2014-2015 we invested $422,512 in upgrades to our facilities, and purchased approximately $1,419,690 in capital equipment, where 33% of the equipment was funded from foundations and donations. Equipment purchased in 2014-2015 was split as per the categories in Table 4 on page 17.

Table 4: Equipment Purchased in 2014-2015

Category	Total Spent
Patient Comfort and Safety Equipment	$466,095
Surgical Nursing	$43,294
EMS	$401,145
Medical Nursing	$129,813
Diagnostics	$177,678
Information Systems	$48,938
Support Services	$152,727

In 2014-2015, the region was able to purchase electronic beds, laboratory equipment, power stretchers, defibrillators, therapeutic equipment, and vital signs monitors. Foundations, Individuals, and Bequests donated $466,844 to our capital equipment. Approximately seventeen community foundations and advisory groups exist within the boundaries of the Heartland Health Region. Donations may also be made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchase. Donations received in 2014-2015 were primarily used for patient comfort and safety equipment, clinical equipment, and resident equipment to improve quality of life.

Foundations and local communities are also instrumental in the planning and building of our two long term care and one integrated health care facilities. In 2014-2015, $10,892,019 was invested into the building projects in the communities of Rosetown, Biggar, and Kerrobert. Communities fund 20% of the building projects, which amounts to $3,466,285 in donations towards these projects.

BridgePoint Center Inc., Milden

Heartland is proud to be the home region for this one of a kind provincial program that offers intensive residential program services for adults and youth, as well as their families, who are struggling with eating disorders. Bridgepoint generally offers 140 days of programing a year to support clients.

Bridgepoint Centre is continually reviewing its programs to ensure that it meets a growing range of clients. The newest program to be considered is a program to admit bariatric clients. The Board of Directors held a Visioning Session in the fall of 2014 in order to explore future directions for the Centre. The Centre's relationship to other Regions and its communication to outside agencies were key goals. At present, nine of the thirteen Health Regions in the province refer to Bridgepoint.

The Board of Directors finalized its Funding Agreement with the Heartland Health Region setting out the relationship between Heartland and the Centre Board.

Community Inclusive Support Services Program

The Community Living Division of the Ministry of Social Services funds a Community Based Organization operated by Heartland Health Region providing services to individuals with disabilities. The program originated in the previous Greenhead Health District. Through negotiations with Community Living the scope of the program was increased to serve all of Heartland Health Region. In the past year, the Program Manager who works out of Unity and the Consultant who is headquartered at the Kyle Health Centre have experienced an increase in the number of clients that they are serving. They have primarily been assisting clients in applying for grants for services through the Cognitive Disability Strategy that the Ministry of Social Services funds and applications have been generally successful.

West Central Regional Intersectoral Committee

Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. As well as Heartland, participants include the R.C.M.P., Sun West School Division, and the Rivers West District for Sport, Culture and Recreation, Great Plains Regional College, Social Services. The RIC covers most of Heartland's area with the exception of Unity and area. Heartland Health Region is the responsible partner for the RIC and holds the funding for the Committee.

One of the West Central RIC's strategic objectives is to support Family Resource Centres throughout its boundaries. The Kids First Community Developer, a position funded through the Ministry of Social Services and held by Heartland, has been working to assist community members to provide services through Family Resource Centres in Kindersley, Rosetown and Outlook. Each of the Family Resource Centres is at different stage of development and is or will be meeting the unique needs of its community. An Early Years Coalition has been developed from a Sub Committee to work on other means of serving pre-school families such as a mobile unit to bring resources to families where a Resource Centre is not operating.

Other objectives are to provide education and networking activities for community and staff development. A Networking Forum was held last spring where speakers presented and community agencies set up booths to share information about the services they provided. Also, through the assistance of Sun West School Division, the RIC sponsored a Level 2 Threat Assessment Training event in Rosetown that built on the Level 1 training from the previous year, and was very well received by those who attended.

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin operates as the region's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

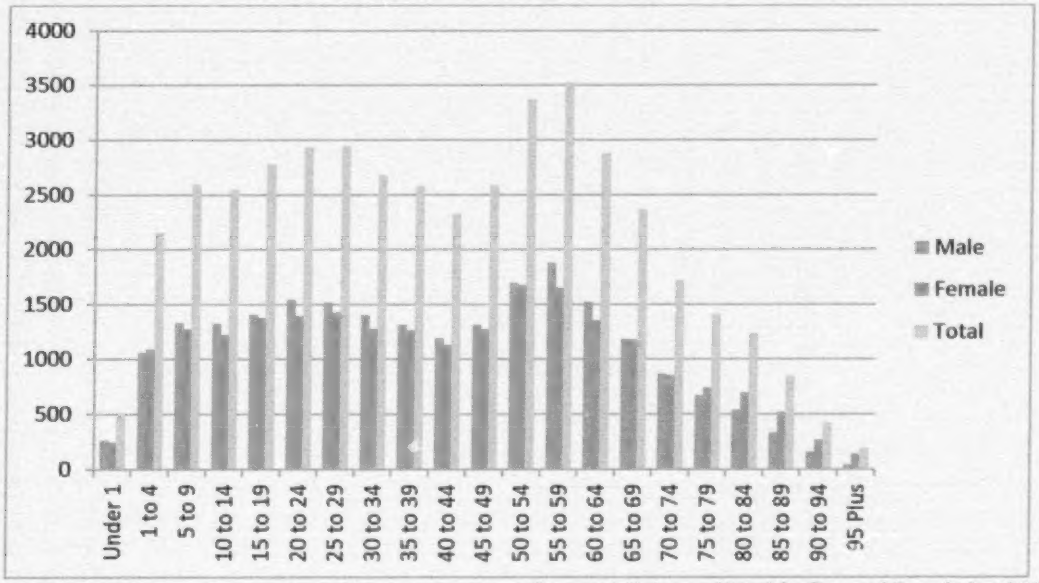
St. Joseph's offers out-patient treatment; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the Regional Health Authority in providing space for regional programs including community services, home care and Heartland's Emergency Medical Services (EMS) services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It provides health care services to a population of 44,576 residents over 431,770 square kilometres of land. (Source: Ministry of Health. Covered Population 2014). Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 20 Hutterite Colonies. The region's largest urban centre is Kindersley, with a population of 5,462. Other major centres include Rosetown (3,163); Unity (3,033); Biggar (2,994); and Outlook (2,843). Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may create challenges regarding access to services.

Figure 6: Heartland Health Region Population (2014)



Source: Ministry of Health. Covered Population 2014

In 2014, Heartland's population was closely divided between males and females with 22,553 males (50.59%) and 22,023 females (49.41%). Some 18% of the region's population is 65 years of age or over, compared to the 14% in the province as a whole. Figure 6 provides a further breakdown of Heartland's 2014 population by age and sex.

Our aging population is also driven by a particular set of values, resulting in predictable lifestyle choices. The overwhelming preference is for our aging population to utilize the health and social service which affords them the greatest level of personal freedom, independence, and autonomy. The health system's *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, etc.) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc.).

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the "Baby Boomers". Within our health status information we have also identified significant trends which are of a particular relevance to that age group (diabetes, high and low blood pressure, obesity, chronic obstructive pulmonary disease, etc.). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

In assessing current health status in the region, there are two important considerations for the future:

- Over half the population (51%) is over the age of 40. In contrast, approximately 24% of the population is under the age of 20; and
- Healthy eating and regular exercise are below the provincial average.

For our aging population, improvement in or prevention of disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and
- Less dependence on the health system.

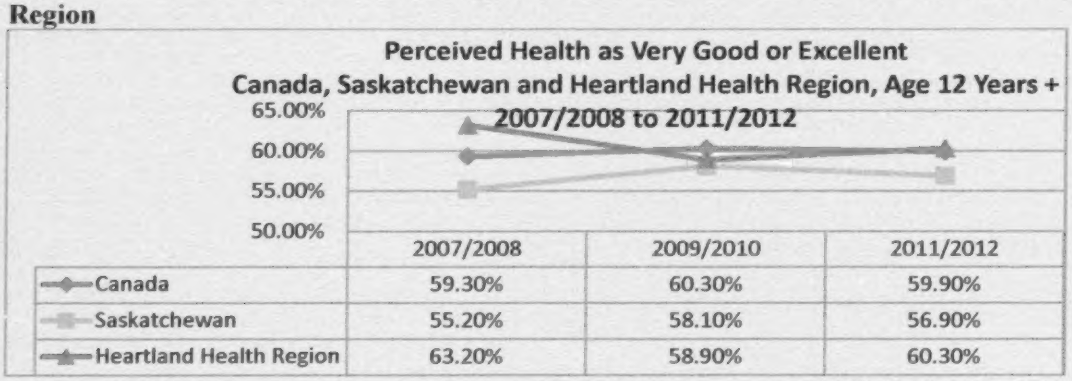
For youth, risky behaviour is the perennial cause of most health problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue. For our elder population, health is most often complicated due to falls, thus fall prevention as well as support for chronic conditions are two key priorities that we have put more focus on now and into the future.

Health Behaviours and Lifestyle Factors

Perceived Health

Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. It is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as early development of disease, disease severity, physiological and psychological reserves as well as social and mental function. It refers to a person's sense of general health — not only the absence of disease or injury, but also physical, mental and social well-being.

Figure 7: Perceived Health as Very Good or Excellent Canada, Saskatchewan, Health Region

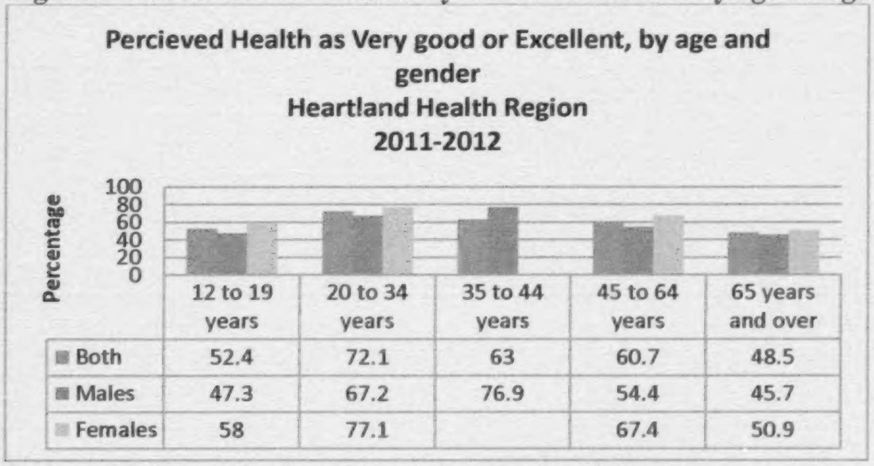


	2007/2008	2009/2010	2011/2012
Canada	59.30%	60.30%	59.90%
Saskatchewan	55.20%	58.10%	56.90%
Heartland Health Region	63.20%	58.90%	60.30%

Source: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0502

In Heartland Health Region (HHR), 60.3% of the residents perceived their health as very good or excellent (2011-2012). The latest data shows the percentage in HHR to be slightly higher than the provincial and national averages (Figure 7)

Figure 8: Perceived Health as Very Good or Excellent by age and gender



	12 to 19 years	20 to 34 years	35 to 44 years	45 to 64 years	65 years and over
Both	52.4	72.1	63	60.7	48.5
Males	47.3	67.2	76.9	54.4	45.7
Females	58	77.1		67.4	50.9

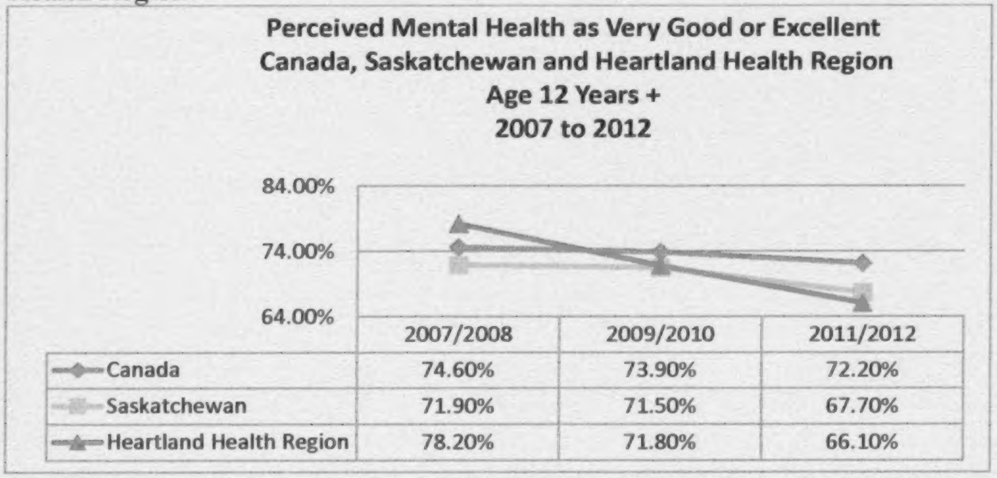
Source: Statistics Canada. Table 105-0502 CANSIM database

For most of the age groups, the percentage of females who perceived themselves to be of good or excellent health was higher than those of the males. Overall the age group of 20 to 34 years had the highest perception of good or excellent health followed by the individuals in the 35 to 44 year range while the 65 years and over had the lowest percentage.

Perceived Mental Health

Perceived mental health refers to the perception of a person's mental health in general. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived (general) health.

Figure 9: Perceived Mental Health as Very Good or Excellent Canada, Saskatchewan, Health Region

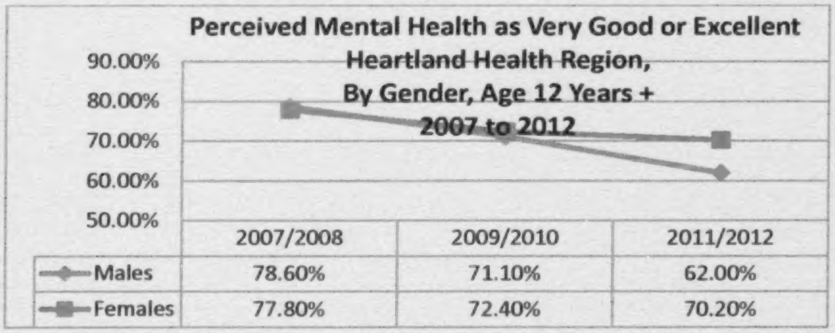


	2007/2008	2009/2010	2011/2012
◆ Canada	74.60%	73.90%	72.20%
■ Saskatchewan	71.90%	71.50%	67.70%
▲ Heartland Health Region	78.20%	71.80%	66.10%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR the percentage of people who believed that their mental health was very good or excellent declined significantly between 2007-2008 from 78.2% to 66.1% in 2011-2012 (Figure 9). Comparatively there was less of a decline in Saskatchewan and even lesser in Canada in the same time frame.

Figure 10: Perceived Mental Health as Very Good by Gender

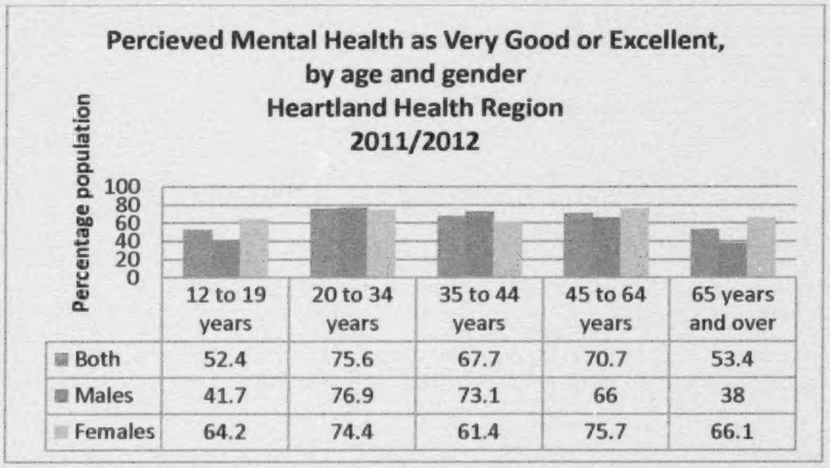


	2007/2008	2009/2010	2011/2012
◆ Males	78.60%	71.10%	62.00%
■ Females	77.80%	72.40%	70.20%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

Significantly more females (70.2%) than males (62%) in HHR, perceived that their mental health was very good or excellent.

Figure 11: Perceived Mental Health as Very Good or Excellent by Age or Gender



	12 to 19 years	20 to 34 years	35 to 44 years	45 to 64 years	65 years and over
■ Both	52.4	75.6	67.7	70.7	53.4
■ Males	41.7	76.9	73.1	66	38
■ Females	64.2	74.4	61.4	75.7	66.1

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR, people between the ages of 20 and 34 years had the best levels of perception of a very good or excellent mental health, (75.6%), followed by people between the age groups of 45 to 54 years.

Perceived Stress

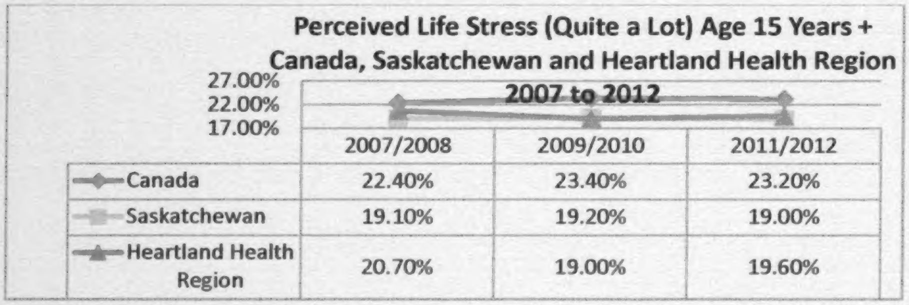
Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding. Stress carries several negative health consequences, including:

- Heart disease
- Stroke

- High blood pressure
- Immune complications
- Circulatory complications

Exposure to stress can also contribute to behaviors such as smoking, over-consumption of alcohol, and less-healthy eating habits.

Figure 12: Perceived Life Stress Canada, Saskatchewan and Region

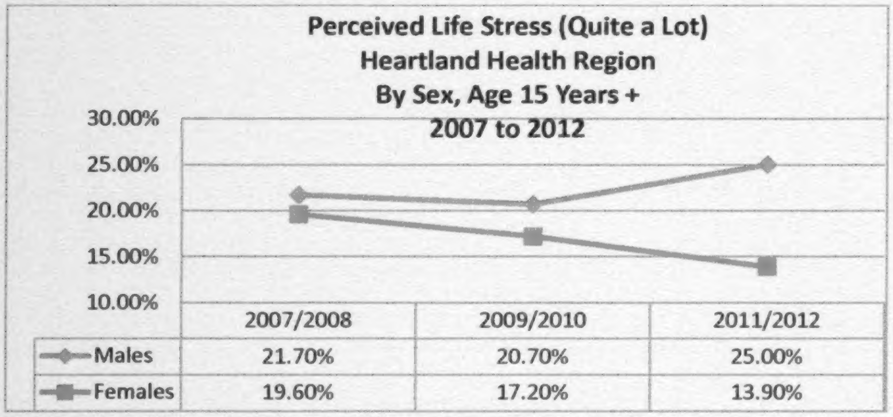


	2007/2008	2009/2010	2011/2012
Canada	22.40%	23.40%	23.20%
Saskatchewan	19.10%	19.20%	19.00%
Heartland Health Region	20.70%	19.00%	19.60%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In 2011-2012, about 19.6% persons above 15 years of age in HHR perceived a lot in stress in their life (Figure 12). This was similar to the provincial rate (19%), but lower than that for Canada (23.2%)

Figure 13: Perceived Life Stress By Sex

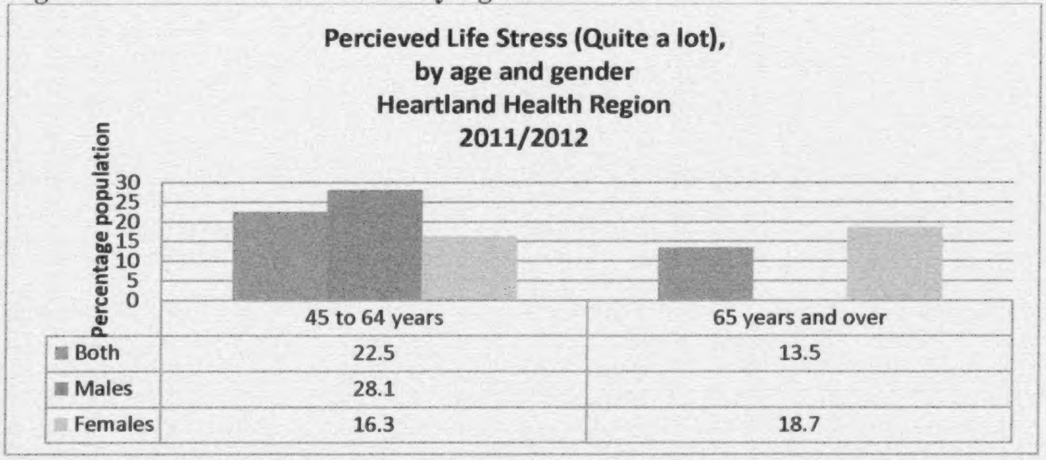


	2007/2008	2009/2010	2011/2012
Males	21.70%	20.70%	25.00%
Females	19.60%	17.20%	13.90%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In 2011-2012, significantly more males (25%) in HHR perceived a lot of stress in their lives as compared to females (13.9%).

Figure 14: Perceived Life Stress By Age and Gender



	45 to 64 years	65 years and over
▨ Both	22.5	13.5
▨ Males	28.1	
▨ Females	16.3	18.7

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502
*12 to 44 years data is too unreliable to be published

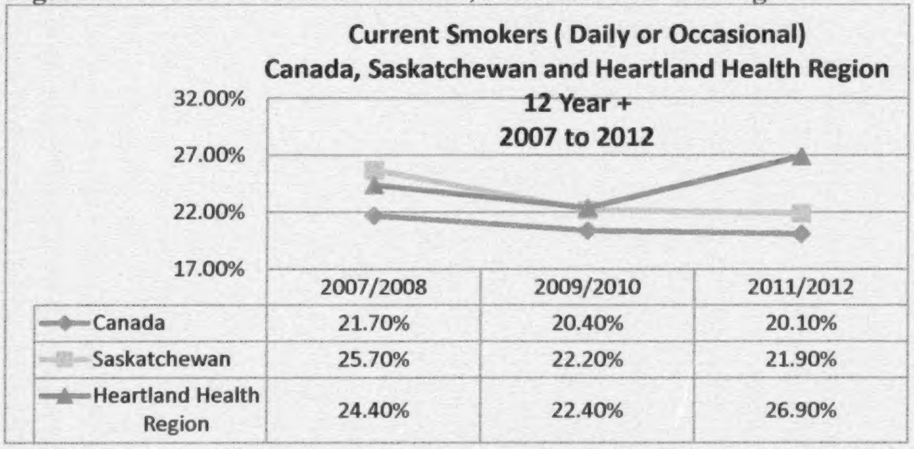
In HHR, in the age group of 45 to 64 years, almost twice as many males perceived a lot of life stress compare to females. The data for the other age groups was too unreliable to be published.

Smoking

Smoking is a risk factor for lung cancer, heart disease, stroke, chronic respiratory disease, and other conditions. According to the World Health Organization, smoking is an important and preventable cause of death.

'Daily smokers' refers to those who reported smoking cigarettes every day (it does not take into account the number of cigarettes smoked). 'Occasional smokers' refers to those who reported smoking cigarettes occasionally which includes former 'daily smokers' who now smoke occasionally.

Figure 15: Current Smokers Canada, Saskatchewan and Region

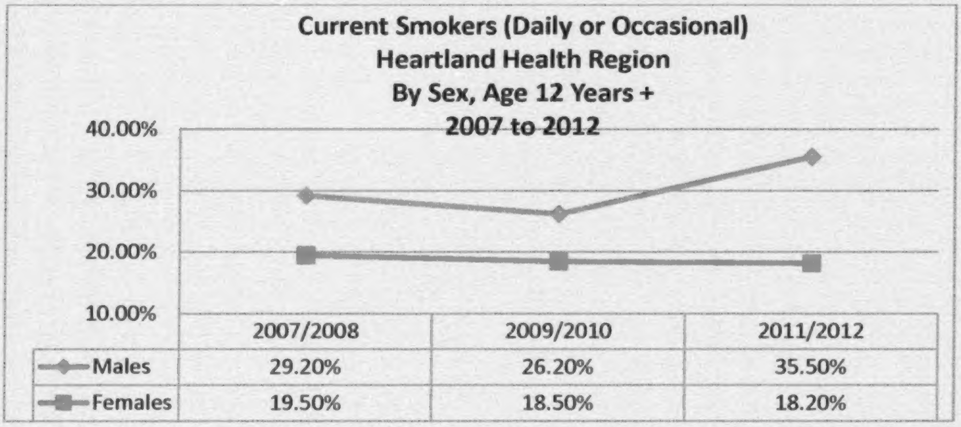


	2007/2008	2009/2010	2011/2012
—◆—Canada	21.70%	20.40%	20.10%
—■—Saskatchewan	25.70%	22.20%	21.90%
—▲—Heartland Health Region	24.40%	22.40%	26.90%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR, the percentage of those who reported to being a daily or occasional smoker in 2011/2012 was 26.9%. This was higher than the percentages both in Saskatchewan (21.9%) and Canada (20.1%).

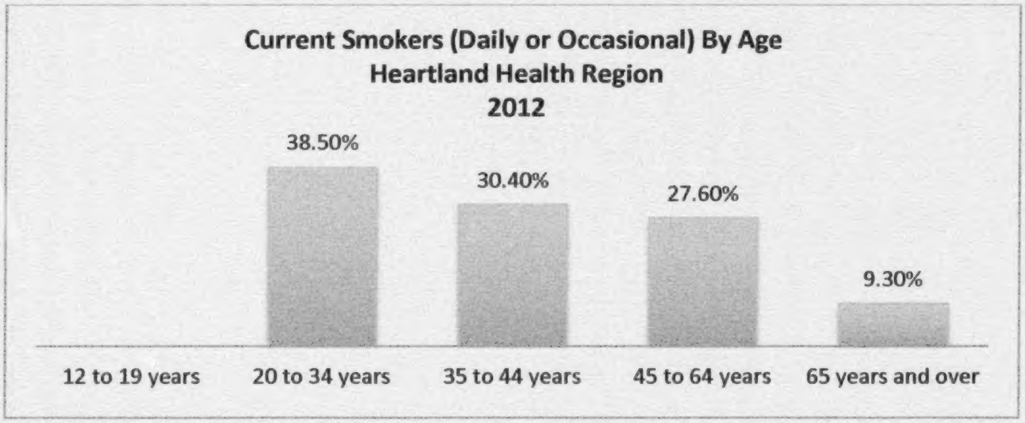
Figure 16: Current Smokers by Sex



Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR, almost twice as many males (35.5%) reported being a daily or occasional smoker compared to females (18.2%). Of additional note is that the rate for males has increased by over 6% from 29.2% to 35.5% between 2007-2008 and 2011-2012.

Figure 17: Current Smokers by Age

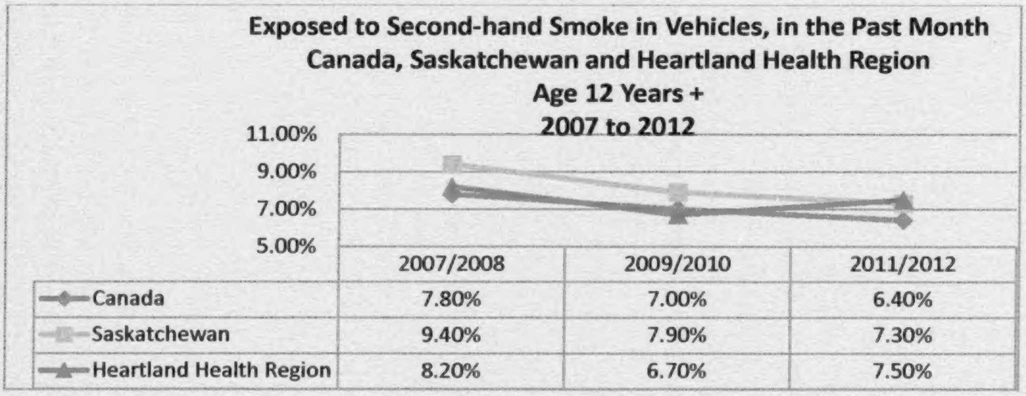


Source: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0502
*12 to 19 years data is too unreliable to be published

In HHR, more people within the age group of 20 to 34 years (38.5%) reported being a daily or occasional smoker, compared to people in the other age groups (Figure 17).

Passive smoking or exposure to second-hand smoke has negative respiratory health effects. Two of the most common associated diseases are lung cancer in adults and asthma among children.

Figure 18: Exposed to Second Hand Smoke in Vehicles

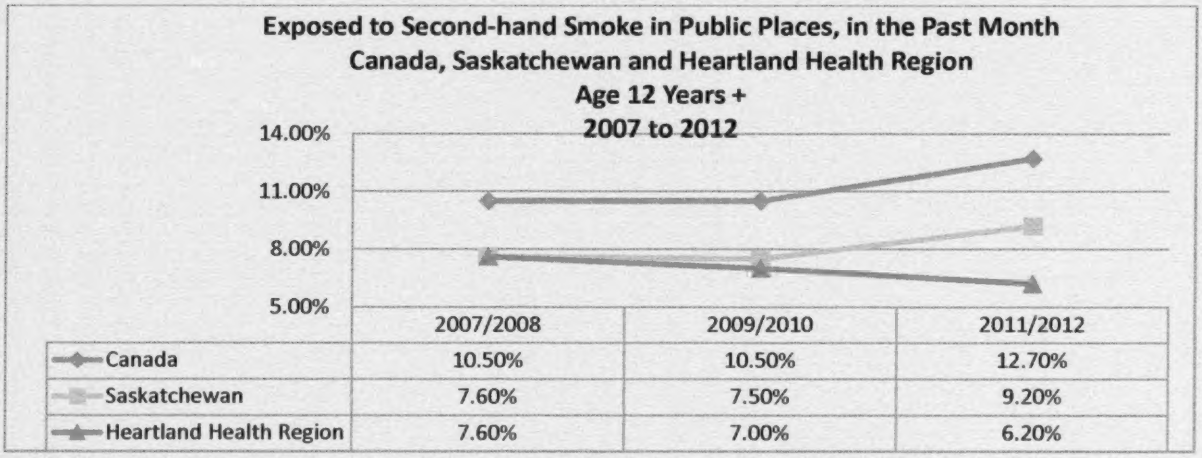


	2007/2008	2009/2010	2011/2012
Canada	7.80%	7.00%	6.40%
Saskatchewan	9.40%	7.90%	7.30%
Heartland Health Region	8.20%	6.70%	7.50%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

Overall, the percentage of those who reported to have been exposed to second-hand smoke in vehicles (in the past one month) declined only slightly between 2007-2008 and 2011-2012 by less than 1%.

Figure 19: Exposed to Second Hand Smoke in Public Places



	2007/2008	2009/2010	2011/2012
Canada	10.50%	10.50%	12.70%
Saskatchewan	7.60%	7.50%	9.20%
Heartland Health Region	7.60%	7.00%	6.20%

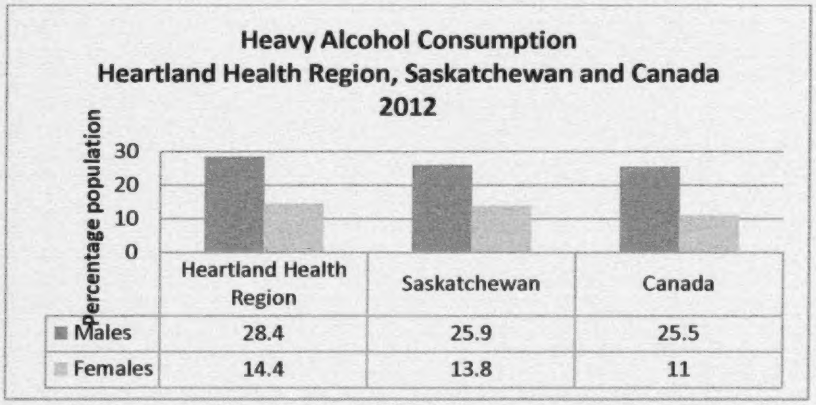
Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

The percentage of those in HHR who reported to have been exposed to second-hand smoke in public places declined slightly by just over 1% between 2007-2008 and 2011-2012. This is not much of an impact considering the 2010 amendments to the Saskatchewan Tobacco Act prohibiting smoking in public places. However, the overall rates in Saskatchewan slightly increased, as did the overall rate in Canada.

Alcohol Consumption

Heavy drinking refers to having consumed five or more drinks, per occasion, at least once a month during the past year. This level of alcohol consumption can have serious health and social consequences, especially when combined with other behaviors such as driving while intoxicated.

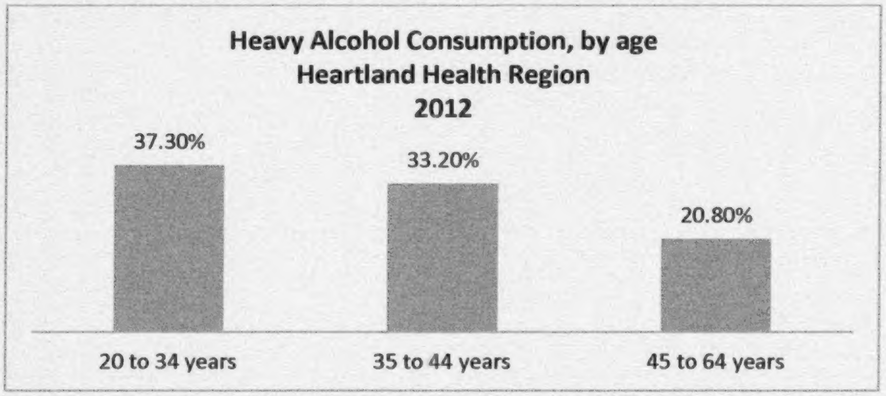
Figure 20: Heavy Alcohol Consumption by Canada, Saskatchewan and Region



Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

Figure 20 shows a higher overall percentage of people (21.6%- combined figure) reported to have been involved in heavy alcohol consumption in HHR compared to Saskatchewan (19.8%) and Canada (18.2%). Significantly, more males, almost twice as many, reported to have engaged in heavy alcohol consumption compared to females in all the jurisdictions.

Figure 21: Heavy Alcohol Consumption by Age

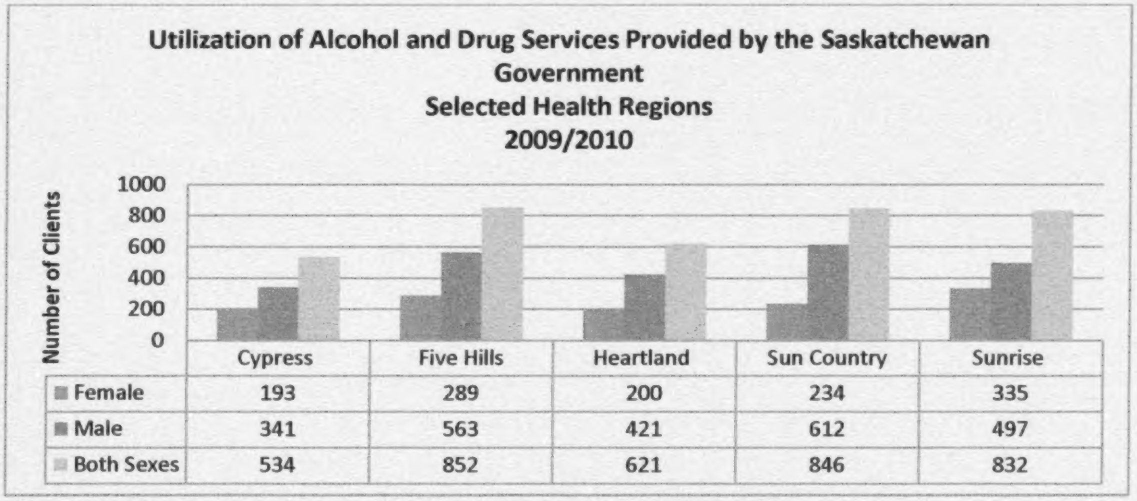


Statistics Canada. Table 105-0502 - Health indicator profile, two year period estimates, by age group and sex, Canada, provinces, territories, health regions (2012 boundaries) and peer groups, occasional, CANSIM (database). (accessed: 2014-07-15)

Alcohol consumption is highest in the younger age groups and carries on into the older ages. Longer periods of heavy consumption are more likely to have more serious health detriments.

Alcohol and Drug Services under the Saskatchewan Ministry of Health, provide services such as detoxification, inpatient, outpatient, and long-term residential for clients in need of these services. The Ministry of Health also funds the Saskatchewan Impaired Driver Treatment Centre (SIDTC).

Figure 22: Utilization of Alcohol and Drug Services Provided by the Saskatchewan Government



	Cypress	Five Hills	Heartland	Sun Country	Sunrise
■ Female	193	289	200	234	335
■ Male	341	563	421	612	497
■ Both Sexes	534	852	621	846	832

Source: Saskatchewan Ministry of Health SharePoint website, HISC

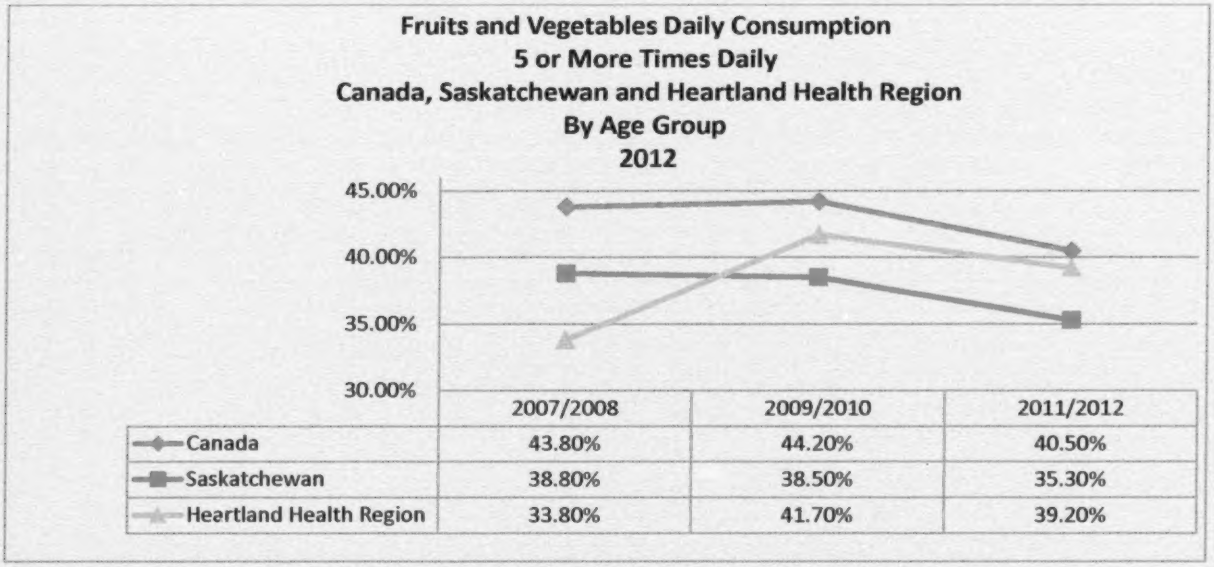
Though there are alcohol and drug services in the province, utilization of these services in HHR was one of the lowest among the rural southern health regions second only to Cypress Health Region (Figure 22). Generally, males used these services more often than females. One of the impediments to accessing these services is distance since most of the services are offered out of bigger centers like Saskatoon.

Healthy Eating – Vegetable and Fruit Consumption

This indicates the usual number of times (frequency) per day a person reported eating fruits and vegetables. This measure does not take into account the amount consumed. Fruit and vegetables are an important source of vitamins, minerals and fiber. A diet rich in fruit and vegetables may reduce the risk of heart disease and some types of cancer.

Factors that affect vegetable and fruit consumption include cost, access, dietary habits and culture.

Figure 23: Fruits and Vegetables Daily Consumption Canada, Saskatchewan and Region

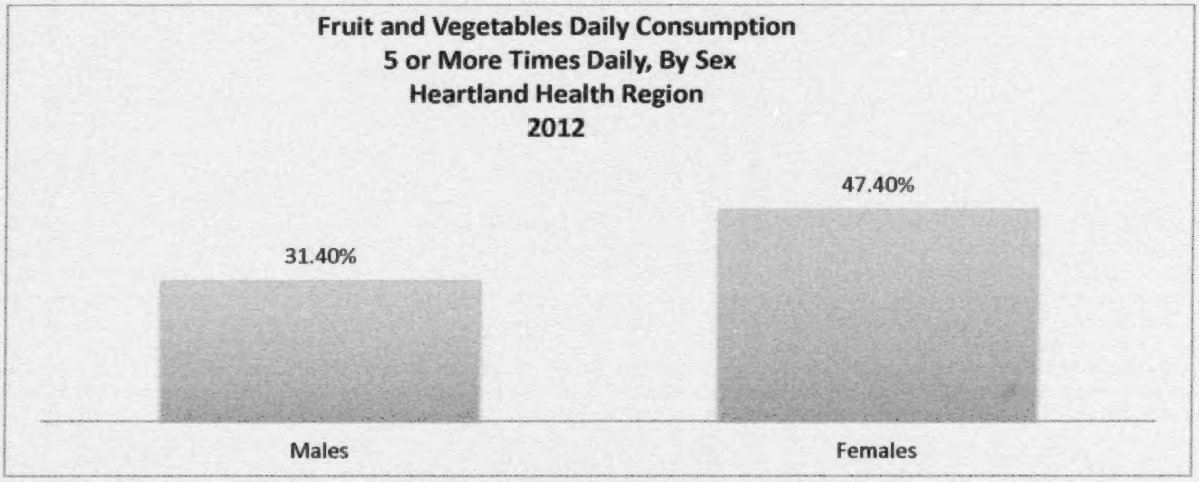

Fruits and Vegetables Daily Consumption
5 or More Times Daily
Canada, Saskatchewan and Heartland Health Region
By Age Group
2012

	2007/2008	2009/2010	2011/2012
Canada	43.80%	44.20%	40.50%
Saskatchewan	38.80%	38.50%	35.30%
Heartland Health Region	33.80%	41.70%	39.20%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR, the percentage of people who reported to have consumed vegetables and fruit 5 or more times a day increased from 33.8% to 39.2% between 2007-2008 and 2011-2012, although there was an overall decline reported for Saskatchewan and Canada.

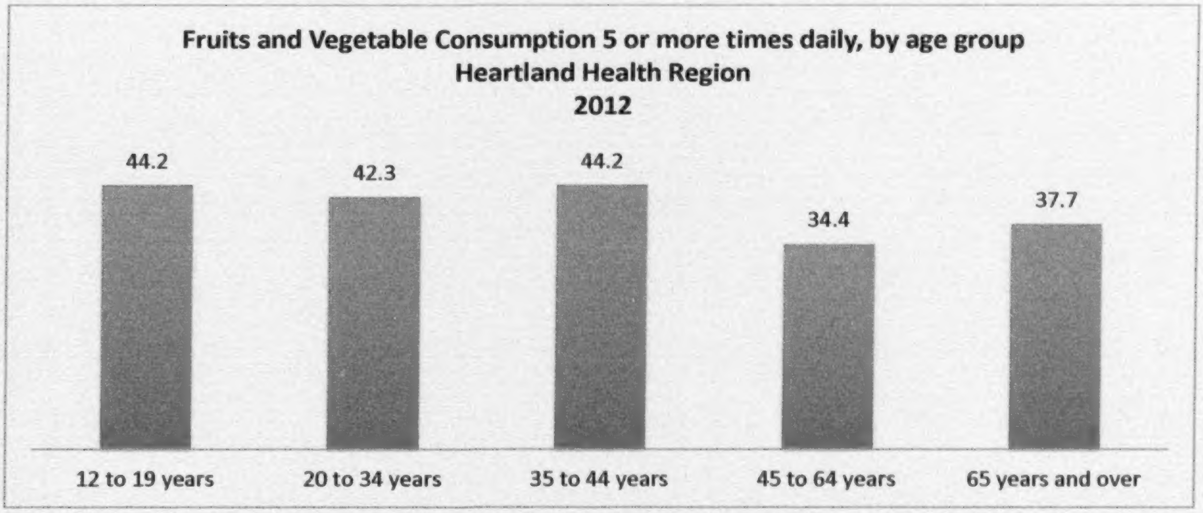
Figure 24: Fruits and Vegetables Consumption by Sex


Fruit and Vegetables Daily Consumption
5 or More Times Daily, By Sex
Heartland Health Region
2012

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR, significantly more females (47.4%) reported to have consumed vegetables and fruits 5 or more times a day compared to males (31.4%).

Figure 25: Fruits and Vegetable Consumption by Age Group



Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

Generally, more people between ages 12 to 44 years reported to have consumed vegetables and fruits 5 or more times a day compared to those 45 years of age and over.

Body Weight

Obesity has been linked with many chronic diseases including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer.

According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following Body Mass Index (BMI) categories:

- Normal weight = least health risk;
- Underweight and overweight = increased health risk;
- Obese, class I = high health risk;
- Obese, class II = very high health risk;
- Obese, class III = extremely high health risk.

The World Health Organization (WHO) and Health Canada guidelines, classify the BMI index for body weight as:

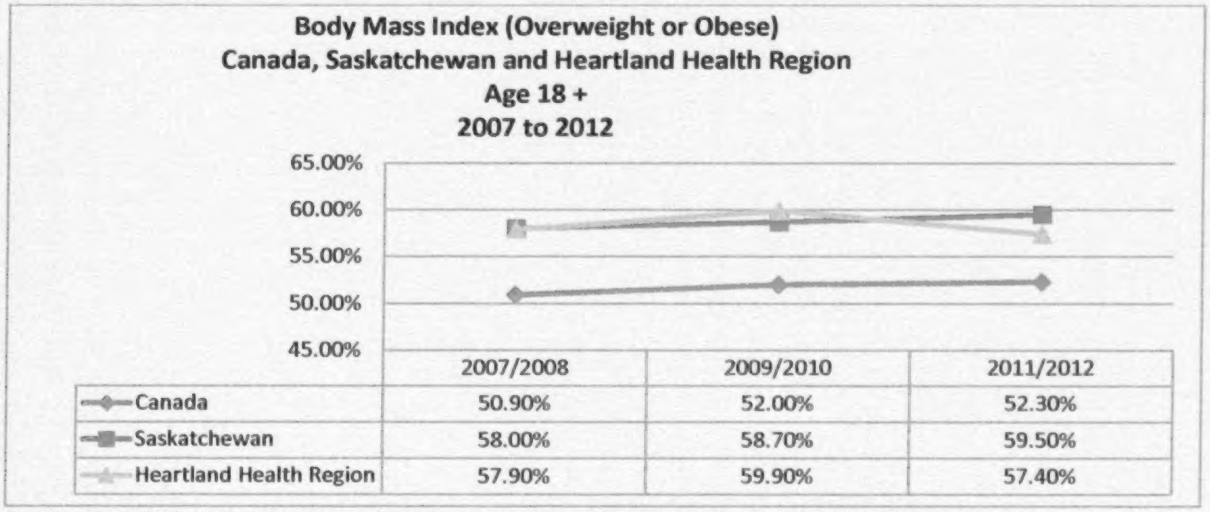
- Less than 18.50 (underweight);
- 18.50 to 24.99 (normal weight);
- 25.00 to 29.99 (overweight);
- 30.00 to 34.99 (obese, class I);
- 35.00 to 39.99 (obese, class II);
- 40.00 or greater (obese, class III).

In May, 2013, the most comprehensive global studies ever done on obesity involving 177 countries and a total of 1,769 identified surveys, reports and studies analyzed was released. From this study in 1980 it was estimated that there were just over 857 million obese individuals worldwide. By 2013, it was estimated that there were 2.1 billion obese individuals worldwide, accounting for 37% of the population. The rates vary widely throughout the world with more than half of the world's 671 million obese individuals living in just 10 countries, with the US classified as number 1 (with 67% of individuals overweight or obese).

In the 33 years from 1980 to 2013, there has been a 28% increase in the rate of obesity and overweight in adults and a 47% increase in children. Alarmingly, in the 33 years, there is no jurisdiction in the world that has had a significant impact on this increasing rate.

The study found males to have higher rates of obesity than women in the developed world. In June 2013, the American Medical Association officially classified obesity as a disease to enhance treatment measures and reduce social stigma for obese individuals.

Figure 26: Body Mass Index, Canada, Saskatchewan and Region

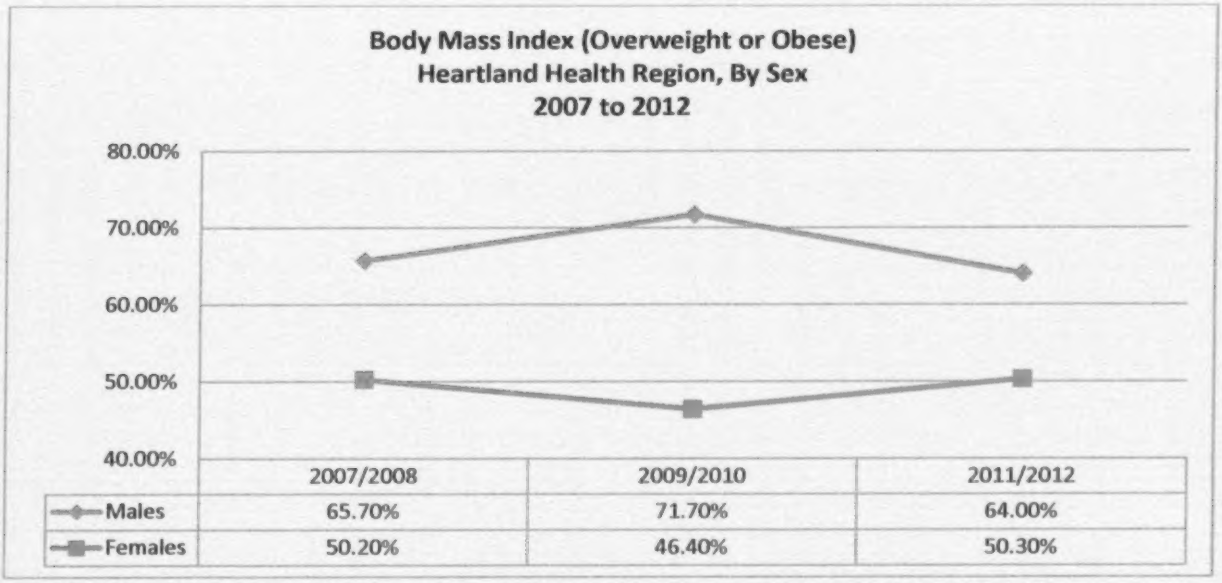


	2007/2008	2009/2010	2011/2012
◆ Canada	50.90%	52.00%	52.30%
■ Saskatchewan	58.00%	58.70%	59.50%
▲ Heartland Health Region	57.90%	59.90%	57.40%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

Although Canada was not included in the above study, its figure, 52.3%, does not vary much from those of the US. In HHR, the percentage of people reported as overweight or obese, 57%, is higher than that of Saskatchewan and Canada. (Figure 26).

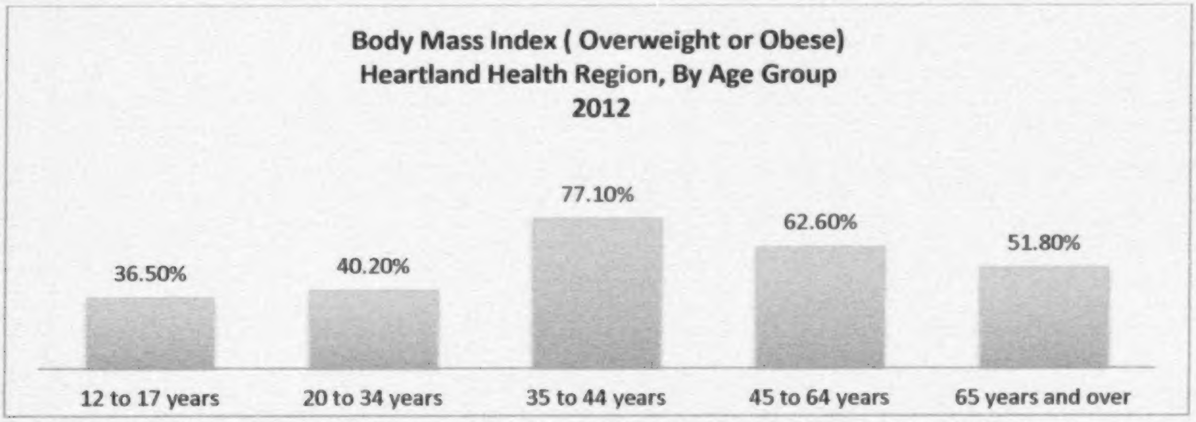
Figure 27: Body Mass Index by Sex



Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

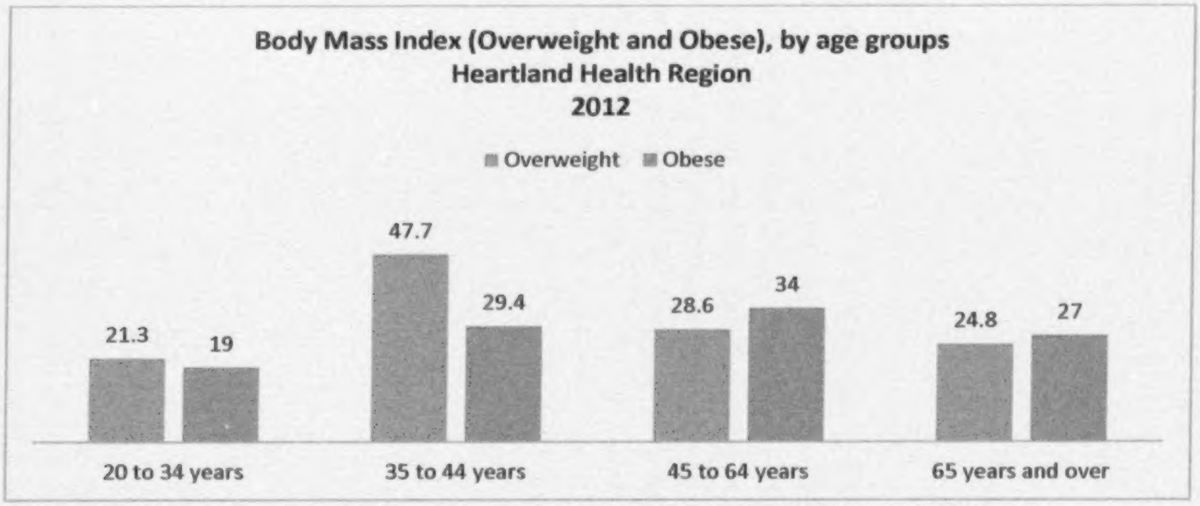
By a significant proportion, more males in HHR were classified overweight or obese compared to females between 2007-2008 and 2011-2012 (Figure 27), which is in sync with the global study mentioned above. In HHR, overweight or obesity was also more commonly reported after the age of 35 (Figure 28).

Figure 28: Body Mass Index by Age Group



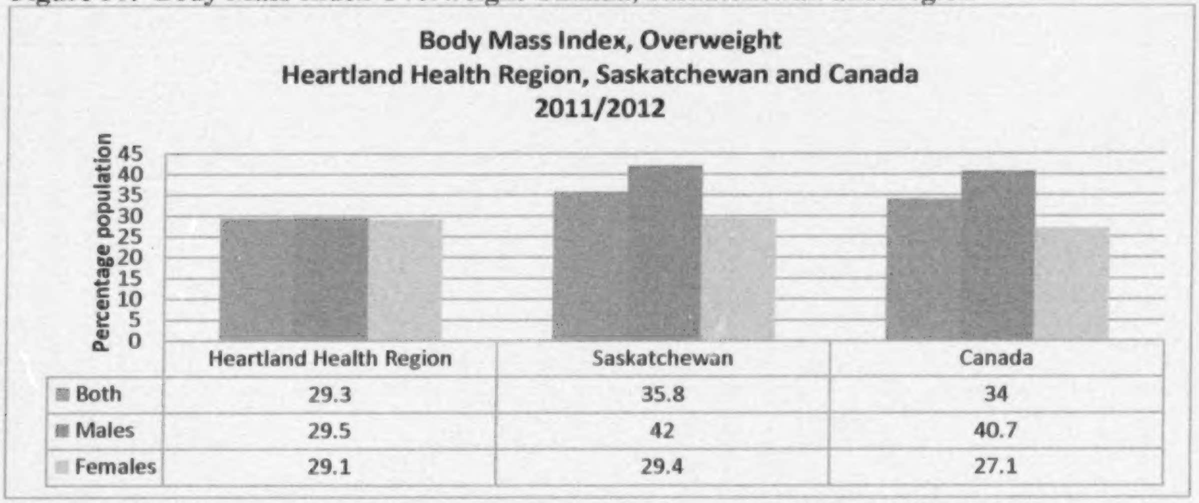
Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-050

Figure 29: Body Mass Index by Age Groups (Overweight and Obese)



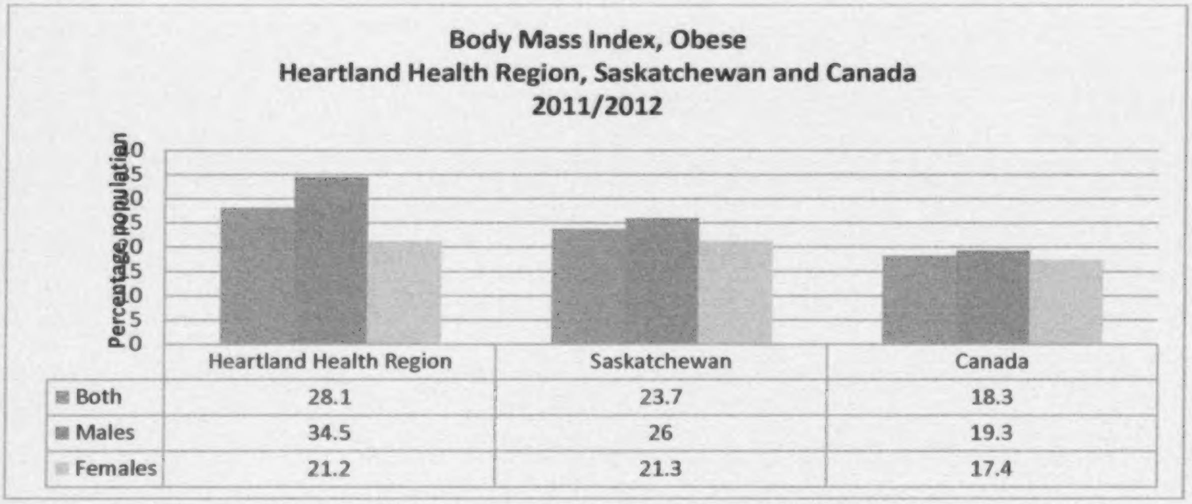
Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-050

Figure 30: Body Mass Index Overweight Canada, Saskatchewan and Region



Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-050

Figure 31: Body Mass Index Obese Canada, Saskatchewan and Region



	Heartland Health Region	Saskatchewan	Canada
▨ Both	28.1	23.7	18.3
▨ Males	34.5	26	19.3
▨ Females	21.2	21.3	17.4

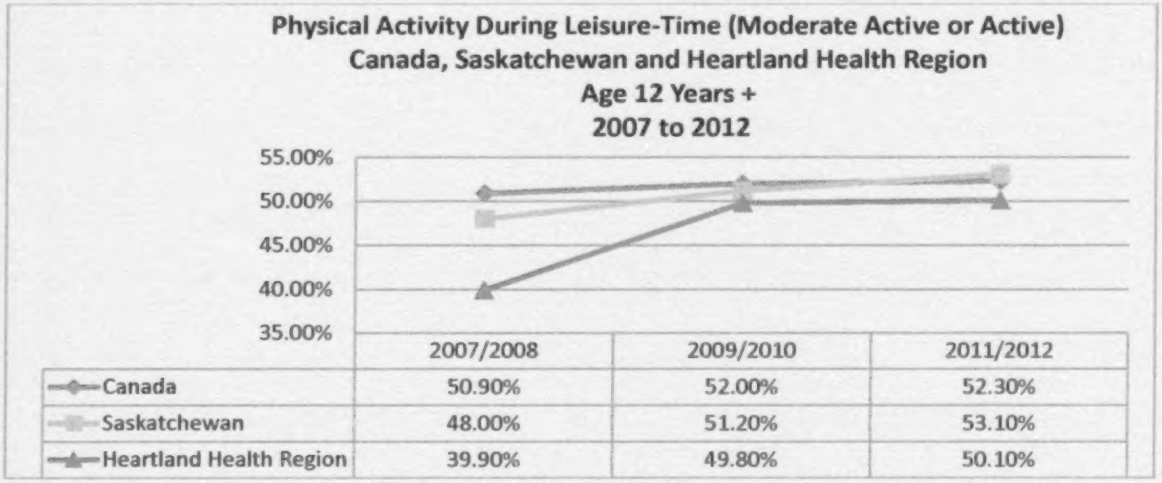
Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-050

Interestingly, a higher proportion of individuals are reported obese in HHR than in Saskatchewan and Canada but a higher percentage of overweight individuals is reported in Saskatchewan and Canada.

Physical Activity

The health benefits of physical activity include a reduced risk of cardiovascular disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, depression, stress and anxiety.

Figure 32: Physical Activity During Leisure Time Canada, Saskatchewan, Region



	2007/2008	2009/2010	2011/2012
◆ Canada	50.90%	52.00%	52.30%
■ Saskatchewan	48.00%	51.20%	53.10%
▲ Heartland Health Region	39.90%	49.80%	50.10%

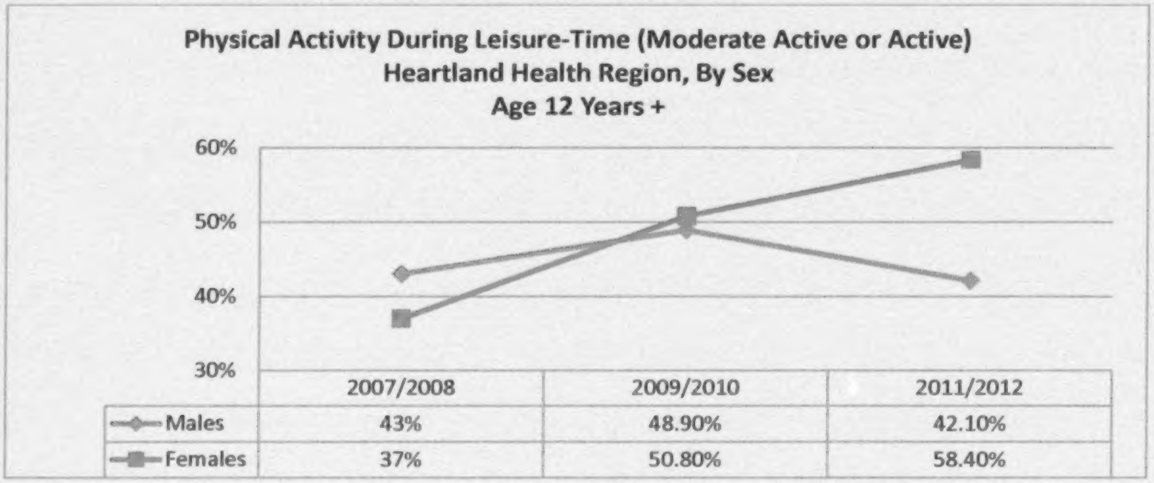
Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

The percentage of people in HHR who reported to have engaged in physical activity increased from 39.9% to 50.1% between 2007-2008 and 2011-2012. Notably, between 2010-2011 and 2011-

2012 there was a slight decrease in the rates of overweight and obesity. It would be interesting to explore the link between increased physical activity and lower obesity rates.

While HHR rates of physical activity were lower than provincial and national averages; they have increased and are similar to 2011-2012 percentages.

Figure 33: Physical Activity During Leisure Time by Sex

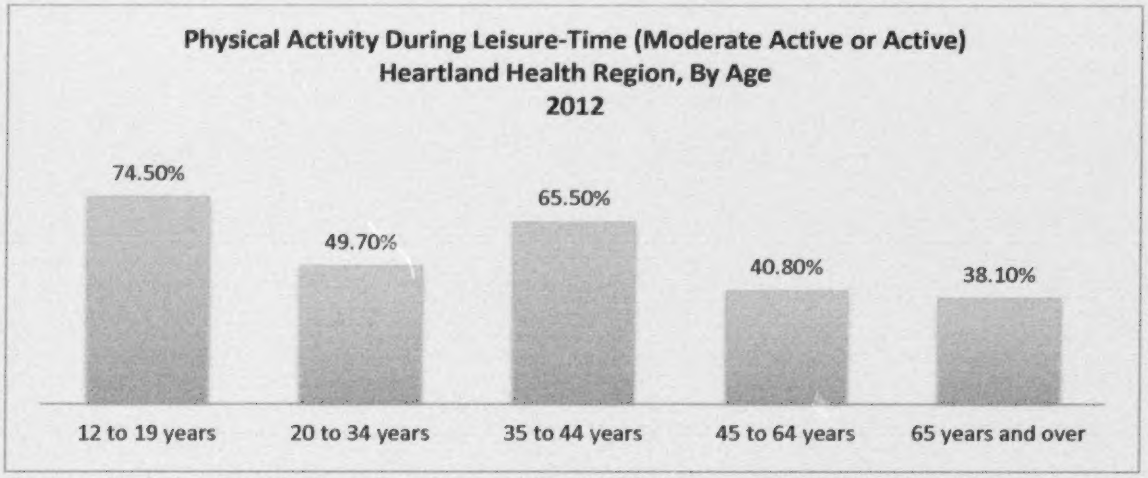


	2007/2008	2009/2010	2011/2012
◆ Males	43%	48.90%	42.10%
■ Females	37%	50.80%	58.40%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

The percentage of females in HHR who reported to have engaged in physical activity steadily increased from 37% to 58.4% between 2007-2008 and 2011-2012. Conversely, the percentages of physical activity by males decreased from 48.9% in 2009-2010 to 42.1% in 2011-2012 after an initial increase.

Figure 34: Physical Activity During Leisure Time by Age



Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

More people between ages 12 to 19 (74.5%) reported to have engaged in physical activity with a noticeable drop (49.7%) in 20 to 34 year age group followed by a rise (65.5%) in the 35 to 44 year group, dropping yet again in the years thereafter.

Overview of Programs and Services
Better Health

Primary Health Care Services

Heartland Health Region is a relatively small, sparsely populated rural healthcare region and Primary Health Care (PHC) is an important part of healthcare services provided to residents. In 2014-2015, Heartland focused on improving and evolving Primary Health Care services throughout the region. We had many successes in expanding new programs and supporting existing Primary Health Care programs throughout the region this past year.

Walk this Way™

There has been a lot of focus from the Provincial Government for those people living with chronic conditions to experience better health and decrease hospital stays related to six chronic conditions (Diabetes, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disorder (COPD), Depression, Congestive Heart Failure, and Asthma). There is evidence that many people living with a chronic condition benefit from exercise. Walk This Way™ is an exercise and education program with emphasis on building skills for managing your health and maintaining an active lifestyle. The goal of Walk This Way™ is to improve or maintain the health of people who are living with a chronic condition or those who are at risk, by providing a safe and supportive environment for individualized/group exercise programs, learning and self-care management. Walk This Way™ is a professionally supervised program that operates twice a week. Walk This Way™ currently exists in Rosetown, Outlook, Kerrobert, and Kindersley. There are plans in place to spread Walk This Way™ to Biggar in the winter of 2016. Participants can become involved in Walk This Way™ by referral from a physician, health care provider or self-referral.

Diabetic Nurse Educator, Dietitian Collaborative and Risk Assessment and Education Program (REAP)

Heartland Health Region Dietitians and Diabetic Educators continue to provide clients with services on an individual and group basis. Referrals from physicians and other providers continue to increase and these services are well utilized. Elrose, Rosetown, Kindersley and Unity physician clinics currently provide education and services jointly to clients. These services are being re-established in Biggar and are being developed in Davidson, Outlook, Kerrobert and Macklin. Group class information on Pre-Diabetes, Cholesterol, Diabetes and some specialties such as foot care are being offered face to face and via Telehealth. The use of Telehealth enables the provision of education and services to locations where clients live in order to eliminate travel. The Dietitian/Diabetic Educator group has expanded the knowledge and communication for all service providers with the use of a central chronic disease calendar where education sessions are posted. In the future this group will work to increase the options for clients receiving information and education as they expand to web based classes.

The Risk Assessment and Education Program (REAP) team consists of Heartland Health Region Dietitians, Diabetic Nurse Educators, Chronic Disease Nurse, Exercise Therapist, Primary Health Care Facilitators, and has ad hoc members in our local pharmacists. This group has put some energy into re-vitalizing a cardiac education program called Heart to Heart. These vital education and information sharing sessions are intended for clients who have had some sort of cardiac event. The sessions deal with nutrition, exercise, stress and coping and managing medications. In order to strengthen the access for clients, the group has presented and taped the sessions via Telehealth. The use of Telehealth allows for clients to stay in their home communities, access critical information for their conditions and receive the information in a timely fashion when they need it most.

Collaborative Primary Health Care Teams

Heartland Health Region (HHR) is working to enhance primary health care through collaborative teams. These teams, which include local pharmacists and a variety of health region service providers, meet to discuss ways to improve an individual client's outcomes. The client is part of this team, and currently, consults with one of the providers. The goal of the team is to improve the care plan of clients with one or more chronic conditions.

In the coming year, plans include extending an invite for clients to attend a full team meeting. Currently, we have two teams. The Rosetown-based team is focused on COPD and cardiac clients and one in Outlook has focused on Mental Health as well as COPD. In 2015-2016 the Region plans to create a new team based in Kindersley.

Public Health Services

In 2014-2015 the Public Health Nurses (PHNs) provided extensive Maternal and Child Health services and clinics throughout the region:

- They offered 519 Child Health clinics.
- There were 2,869 appointments (scheduled 45 minutes for infants and children), to address a full range of assessments including nutrition and the feeding relationship, physical assessment and growth monitoring, developmental assessment and screening, speech and language, immunization and screening for oral health and Maternal Mental Health.
- There were 1,347 fifteen (15) minute appointments to specifically address immunization requirements only.
- The regional PHNs also received 531 postnatal referrals this year (an increase of 43 from 488 in 2013-2014), and made themselves available for 484 postnatal clients requiring home visits; providing care and support for new mothers and families in their homes and an additional 354 contacts and home visits specifically aimed at supporting breastfeeding mothers, babies and families.
- 98% (or 518 out of 531) of new postnatal families were contacted by a PHN within 72 hours of receiving notification of discharge to ensure timely access to services as needed.

With Client Centered Care as our priority, PHNs made 145 referrals to other Health Care Professionals to support clients to access specialized services as they identify, helping to ensure better health outcomes for the client and their family. Starting early in August, there were 13 specific referrals made to the Maternal Wellness/811 HealthLine interim support program to assist families dealing with Maternal Mental Health concerns. This is a coordinated effort between the health region PH services, mental health services and interim supports from HealthLine. This is a new program available to our rural clients who may not have access immediately when concerns are recognized.

Public Health Nurses, in partnership with regional Emergency Medical Services (EMS) and SGI, also coordinated and facilitated 47 Car Seat Clinics in 16 communities around the region. A total of 173 car seats were inspected including 80 rear-facing, 64 forward-facing, and 29 booster seats. This is a huge effort focused directly on education and injury prevention.

Immunization

Public Health Nurses are the key providers of the Annual Influenza program and they partner with facility immunization RNs, Nurse Practitioners (NPs), and physicians to address the needs of Heartland residents during the Influenza Season. Public Health Nurses provide a variety of community based and HHR employee focused Influenza clinics in multiple locations in 30 different towns and villages throughout the region.

The total Influenza vaccinations given for the 2014/2015 season were:

- **1,602** doses of influenza vaccine to children age 6 months to less than 9 years of age
- **6,314** doses of influenza vaccine to residents between 9-64 years of age;
- **4,580** doses to Heartland residents 65 years of age and older;
- **1,568** doses to HHR Health Care Workers or 84% of active employees received their annual influenza vaccine.

This was the fifth year the Province of Saskatchewan supported a Universal Influenza Program, so there were no sales of flu vaccine as all doses were publicly funded. All provincial Health regions implemented an 'Immunize or Mask' Policy this year. Health care staff that chose not to be immunized by December 1st, 2014, were required to wear a mask when working in patient care locations.

In the 2014-2015 fiscal year, PHNs continued to implement a variety of school based immunization programs. As a collective group, they gave 2934 school immunizations based on current provincially funded programs in Grade 6 and 8 populations. PHN has also worked with many new Canadian families to request immunization records, review history and provide an additional 342 immunizations to our newest residents.

Not including annual influenza programming for Heartland Health Region employees, the PHNs did address 548 new staff health consults and gave another 513 immunizations to employees.

Travel health and vaccine sales clinics (activity for 2014-2015)

- 2014-2015 was the sixth year of expansion of the travel health and vaccine sales services.
- There were a total of 130 travel/sales clinics this past year, down from 171 in the previous year.
- In those clinics, the travel PHNs saw 600 clients for travel health consults and 539 clients for 15 minute follow up appointments.

Communicable Disease

The Communicable Disease program coordinated the investigations of 214 reportable communicable disease cases this past year. Public Health Inspectors, Public health Nurses and regional Infection Control all work together to provide follow up education to the clients, to work with regional physicians in diagnosis and confirmations, and to support communities when required. There were 78 Sexually Transmitted Infection cases and 67 contact investigations that occurred in 2014-2015, coordinated through regional Communicable Disease programming.

Outbreak Management

In 2014 (January to December) there were seven (7) outbreak investigations in Heartland's facilities and two (2) outbreaks in the community that included:

- 6 gastrointestinal outbreaks (including Norovirus, Salmonella and 2 undefined)
- 3 respiratory outbreaks (all of which were lab confirmed Influenza A).

Saskatchewan Dental Health Screening Program

The Saskatchewan Provincial Health Council approved dental health screenings to continue to be offered to all students in grades one and seven every five (5) years. The previous dental screening was done in 2008-2009 and results from that screening have been used to make informed decisions related to oral health standards of practice within the province and health regions.

In September 2013 to June 2014, dental screenings were offered to all grades one and seven children. A Regional Dental Screening Report from the screening data collected in 2013-2014 is being developed and will be finalized in early fall of 2015.

The data collected will help to:

- monitor trends;
- identify students with unmet dental needs;
- track schools that are at high risk for tooth decay;
- monitor the effectiveness of the preventive oral health programs in place; and
- provide needs-based data for the health regions and the Saskatchewan Ministry of Health.

Dental screenings continued to be performed on grades one and seven children in the months of April to June. Screenings were completed June of 2014.

- **429** students received dental screening from September 2013 – March 2014
- **440** students received dental screenings from April to June of 2014.
- Overall **869** students received dental screenings from September 2013 – June 2014

Figure 35: % with Dental Decay - Comparison by Screening Age - Grade One

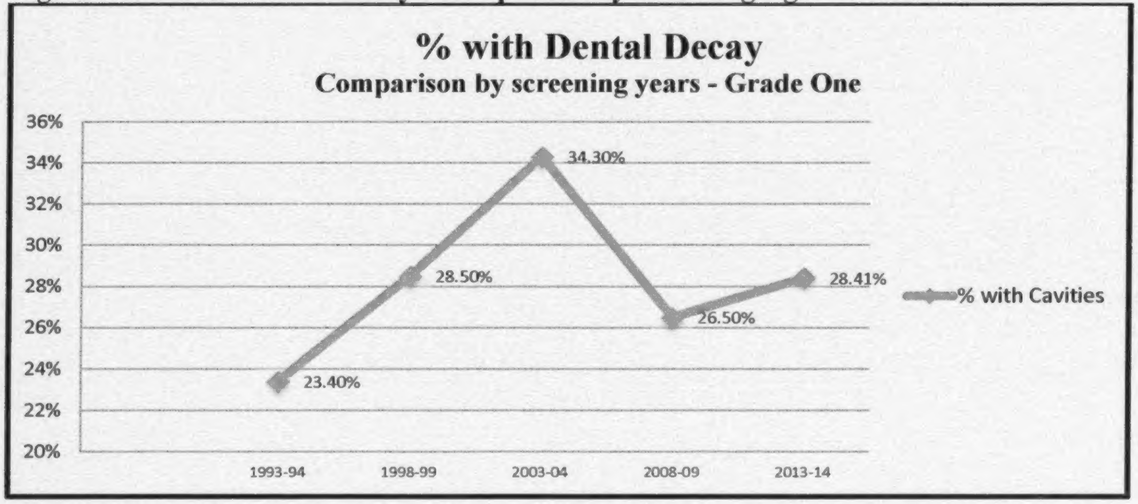
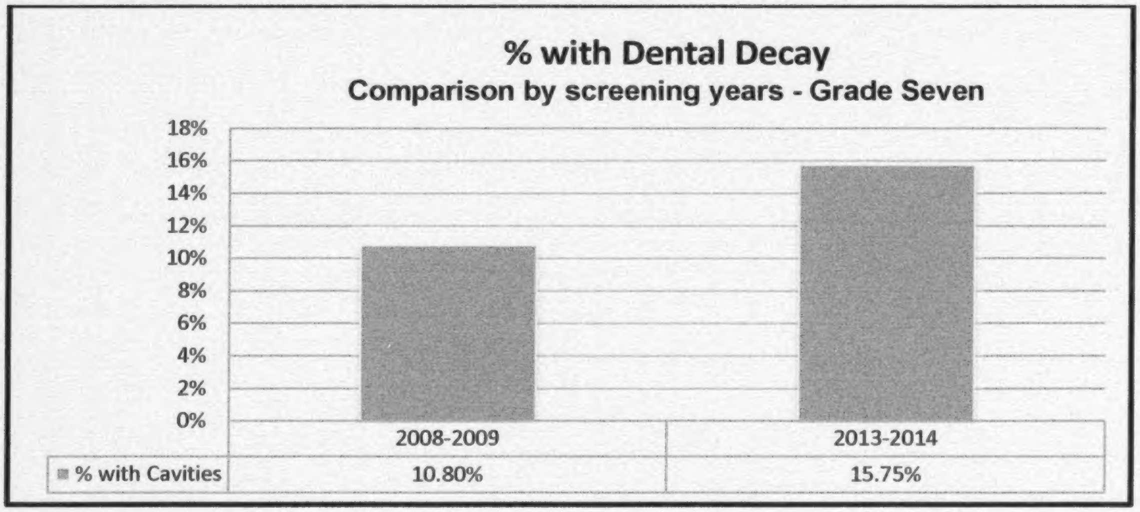


Figure 36: % with Dental Decay - Comparison by Screening Age - Grade Seven



Fluoride Varnish Preschool Program

The Heartland Health Region continues to offer the Fluoride Varnish Program, which is a part of the Saskatchewan surgical initiative implemented in the fall of 2011. Statistics indicate that many children in Saskatchewan have experienced tooth decay or have had dental treatment done by the time they enter school. The goal of this program is to reduce and prevent tooth decay in younger children, resulting in better overall health, fewer costs to parents and the health care system and reducing the number of young children having general anaesthetic administered. This will assist in freeing up operating room time for other surgical procedures.

Clinics are held in Biggar, Davidson, Dinsmore, Elrose, Kerrobert, Kindersley, Lucky Lake, Macklin, Outlook, Rosetown, Unity and Wilkie.

- **466** children ages 6 months to 6 years of age received a dental screening and a fluoride application between April 2014 - March 2015.
- **116** Hutterite children up to the age of 14 years received dental screenings and fluoride varnish application between September 2014 to March 2015.

Dental Sealant and Fluoride Varnish School Program

As a part of the surgical initiative a Dental Sealant and Fluoride Varnish Program was implemented in all health regions in the fall of 2011 and was initially offered to students in grade 1 who attend schools where tooth decay rates are higher. In the fall of 2012, the Dental Sealant and Fluoride Varnish Program was also offered to all grade seven students who attend schools where tooth decay rates are higher. These enhanced dental services continue to be offered by all health regions each year for grades 1 and 7 students in high risk schools, as well as follow-ups on grade 2 and 8 students. Due to staff shortage the program has been delayed in HHR since July of 2013. There is a shortage of Dental Assistants across the province, with at least 65-70 vacancies in dental offices across Saskatchewan.

The goal of the program is to reduce and stop tooth decay by providing the following services:

- Dental health assessments
- Referral and follow-up
- Fluoride varnish applications
- Dental sealant applications

School-based Fluoride Mouthrinse Program

There are presently 24 schools in the HHR that participate in the School-based Fluoride Mouthrinse Program, with 87% of the students in these schools that participate.

Population Health Promotion and Public Health Nutrition

The Population Health Promotion and Public Health Nutrition programs work to effect change that improves health in the population. This is primarily done through the lens of the social determinants of health in partnership with community stakeholders and a variety of health disciplines in the health region. This ensures communities are active participants in determining the supports needed to make healthy choice the easy choice.

The social determinants of health are life factors that affect one's ability to make healthy choices. Some factors are broader than personal choice and include health services, social support networks, education and literacy, social and physical environments, personal health practices and coping skills, healthy child development, and employee working conditions.

Nutrition

- Promote healthy growth and development of infants and children. Collaborate to develop standards for health professionals that promote optimal nutritional health for healthy term infants and children 0-5 years of age. These nutrition standards are also a supporting piece for the Saskatchewan Child Health Clinic Guidelines for Standard Practice.
- Increasing access to healthy food and reducing food insecurity. Collaborate with food banks and communities to look at sustainable long term alternatives and to complement emergency food programming. One such alternative is the Rosetown Seedling Adventures Community Garden with four successful years and growing community support; the initiative also helps build social connections and encourages active living.
- Increasing nutrition literacy. Develop or distribute resources that promote overall health and healthy eating with practical behaviour change ideas. Resources distribution includes schools, parents, other agencies and health professionals.

Population Health Promotion

- Support building/improving literacy skills to increase learning and communication skills in the home, work and community. This is done in partnership with regional stakeholders through packages presented to newborns and their families, creation and distribution of resources for parents to assist in preparing their child mentally, socially and academically to enter school and building capacity within communities by providing training opportunities to literacy advocates and stakeholder organizations.
- Promote prevention of drug use by youth through education, positive relationship building and resilience building skills opportunities. These include facilitating Talking To Youth Live (TTYL) workshops for grades 7 – 9 students, participating in Preventing Alcohol and Risk Related Trauma to Youth (PARTY) programs, and assisting with the development of a youth centre in Rosetown.
- Encourage healthy child development. Participate in a partnership to assist parents and care providers in building a foundation for healthy growth and development. Initiatives include early learning education/information opportunities, increased awareness of developmental milestones and practical applications to increase attainment of these developmental milestones.
- Work towards reduction of tobacco use. Provide resources and support to those wanting to quit tobacco usage and to prevent others from starting. This includes policy development, connections to community resources and participation in the promotion of best practices on a provincial basis.

Better Care

Quality Services

Progressing Continuous Quality Improvement

In 2014-2015 Quality Services used different tools and methods to support various improvement initiatives across Heartland's clinical services and programs. In-line with the trend across the province, we continued to introduce the organization to different Lean strategies, as a way to gather data and look at our work processes in a different light. Regardless of whether the approach involved a Lean methodology or another improvement method our emphasis was always on promoting a culture or mind set of continuous improvement to enhance safety for our clients and staff, and to improve the quality of our care.

Lean Activities

As an organization, Heartland continues to develop its management team through "Lean Leader Certification". A total of 25 Heartland staff are currently participating in the Lean Leadership program and are at varying stages of their certification process. In the 2014-2015 fiscal year 2 staff completed certification.

Throughout the 2014-2015 year a total of 34 Lean events were held in the Region - fourteen Kaizen Basics Education sessions, three Rapid Process Improvement Workshops (RPIW), three 5S events, two Kanban (inventory management systems) events, one Mistake Proofing Project, six Value Stream Mapping Sessions and one 3P Event (Production, Preparation and Process).

Quality services staff facilitated the developed of value stream maps for nine client service programs in acute care, continuing care, community health services and primary health services. Sessions included directors, program managers and front line staff. These value stream maps are used to identify opportunities to improve our services by reducing waste and adding value for our clients to the services we provide.

RPIWs

A key highlight for our continuous improvement efforts in 2014 was hosting three Rapid Process Improvement Workshops (RPIWs). These events had team members made up of Lean Leaders in training, front line staff and management along-side patients and family members. All three of these events were held in the Kindersley Health Centre.

RPIW #1 – A team completed a RPIW in Long Term Care, redesigning the way breakfast is offered. The team created a pull system, when the resident arrives at the dining hall they are offered the option to have breakfast at their leisure, between 7:45 and 9:00 am. This resulted in a reduction in resident wait time for breakfast by 72% and increased satisfaction of both residents and staff.

RPIW #2 – For Laboratory services, the team improved the flow for patients by trialing a new intake desk, implementing an earlier start time for Lab staff, and ensuring both blood collection chairs were used between the hours of 8:00 a.m. – 9:30 a.m. This resulted in a reduction in patient wait times through the Lab process by 53%.

RPIW #3 – Heartland's third RPIW focused on reducing wait time and defects for patients registered and triaged in one of our Emergency Departments. By the end of the event patient wait time was reduced by 48% and defects in charting reduced between 50% and 100%. In addition to these main areas of improvement, there were also a number of other improvements ranging from a better way finding for patients, as they navigated the facility, to better information flow between our Registration Department and the Physician's Clinic.

Accreditation

To follow-up on the report from the June 2013 Accreditation Canada survey, Heartland submitted evidence of compliance across the following services and standards. This submission went into Accreditation Canada in November, 2014.

Table 5: November 28, 2014 Report-Out

Service	Focus	Test for compliance/Evidence to submit
Managing Medications	Antimicrobial Stewardship Program	Ongoing program evaluation
Medicine Services	VTE	Evaluate the effectiveness of its VTE prophylaxis policy and initiative and to audit the clinically appropriate implementation of thromboprophylaxis.
Medicine Services	Ulcer Prevention	Measure the effectiveness of program and improve program based on information
Medicine Services	Falls	Measure the effectiveness of program and improve program based on information
Surgical Services	VTE	Policy evaluation and audit
Surgical Services	Ulcer Prevention	Measure the effectiveness of program and improve program based on information
Surgical Services	Falls	Measure the effectiveness of program and improve program based on information
Obstetrics Services	Falls	Measure the effectiveness of program and improve program based on information
Primary Health Care	Client Rights	Educate clients/families and develop a process to investigate and resolve violations of rights
	Risk Management	Promote risk awareness throughout the PHC team.
Leadership	Identify/Analyze Potential Risks; an Integrated Risk Management Approach	Develop a coordinated approach to evaluating risk throughout the organization and to invest in a validated risk assessment tool
Managing Medications	24 hr. Pharmacist; staff orientation; review & update formulary; labeling look-alike,	Have access to a pharmacist on a 24-hour basis to answer questions about medications or medication management; orient staff and service providers to the

Service	Focus	Test for compliance/Evidence to submit
	sound alike, high-risk, high alert meds; use of verbal orders; Pharmacist review prior to dispensing.	medication use process before they are permitted to work independently; develop a process to systematically and regularly review the formulary and update safety or efficacy information accordingly; separate or isolate look-alike, sound-alike medications; different concentrations of the same medication; high-risk/high-alert medications; and discontinued, expired, damaged, and contaminated medications pending removal; accept verbal orders for medication only in emergencies; pharmacist reviews prescription and medication orders prior to dispensing

Although much of this November submission met Accreditation Canada's requirements, Heartland will be completing another scheduled report-out in May 2015.

Long Term Care (LTC)

Urgent Issues Action Fund

As continuation of the $10.4 million Urgent Issues Action Fund (UIAF) that the Ministry of Health announced in 2013 for health regions to address priority issues in long term care, Heartland received some annualized funding for the 2014-2015 fiscal year. This funding supported delivery of client care through enhanced staffing, as well supported work on the process for implementation of Long Term Care Patient Order Sets. Additionally, some of the targeted funding for a the program Gentle Persuasive Approach™ (GPA™) which was not spent in the initial funding period was carried over into this fiscal year.

Secondly, all of the equipment that was ordered as one-time funding through UIAF was received from February 2014 through to July 2014. This equipment included electric beds, sit/stand lifts, overhead track lifts, supportive mattresses for pressure relief and Roho support cushions – all to support client safety and for positive outcomes of care.

Enhanced Staffing

With the original UIAF funding, there was a temporary enhancement of Continuing Care Aide (CCA) hours in five of Heartland's LTC facilities. These temporary positions were made permanent in this fiscal year as well as an additional permanent enhancement of CCA hours was put in place in one of the new LTC facilities.

Long Term Care Patient Orders Sets

2014-2015 was spent developing Heartland-specific Patient Order Sets that address the care of the LTC clients as well as synchronize with the Acute Care Patient Order Sets which have been implemented in this fiscal year. Work is on-going for the implementation of these order sets in the next fiscal year.

Provincial Audit of Medication Management in Long Term Care

Late summer of 2014 saw staff from the Provincial Auditor visit seven of the LTC facilities in the region to observe medication management practices. They also met with regional managers responsible for these areas as well as reviewed Heartland's policies and procedures related to medication management. The report was tabled October 2, 2014 in the legislature and found that Heartland "did not have effective processes to manage medications plans for resident in its long term care facilities for the period of September 1, 2013 to August 31, 2014". Seventeen recommendations relating to having a regional approach, policies and procedures, medication management process, consents, education and tracking/trending were identified. Heartland reviewed the findings and is working on deficits and implementation of improvements.

On-going Initiatives

1. ***Falls Prevention***
    - The Regional Falls Steering Committee continues to meet regularly to discuss falls programming in the four service areas: long term care, acute care, home care and community.
    - A review of the acute care program was completed with successful submission to Accreditation Canada in relation to the development, implementation, evaluation and revisions to the program.
    - Home Care and Community therapies combined to focus this year on Therapies participation in Wellness Clinics.
    - An awareness/reminder strategy was done for the services in the fall of 2014. Posters entitled "Falls in the Fall" were developed with specific information related to the respective services and sent out as reminders of key points to help reduce falls.
2. ***CEO Long Term Care tours***
    - These were completed as required for the fiscal year with subsequent reporting to the Ministry. Themes continue to center around adequate staffing and staffing complement.

Gentle Persuasion

Gentle Persuasive Approaches to Dementia Care, otherwise known as GPA, is an innovative education curriculum that is being offered in the region. Many front-line staff in long term care have little or no best practice training in the management of challenging behavior associated with dementia. Staff consistently report feeling vulnerable and at risk of injury if they have not been trained in respectful, non-violent, self-protective techniques.

Gentle Persuasion addresses these needs and is targeted to all levels and departments of staff in the long term care facility. Involvement in Gentle Persuasion provides long term care staff with invaluable education and the opportunity to develop skills to manage those responsive behaviours staff experience as highly catastrophic in an effective manner. The overall goal of the Gentle Persuasion approach is to educate staff on how to use a person-oriented, compassionate and gentle persuasive approach, respond respectfully and with confidence and skill to challenging behaviours associated with dementia.

Since beginning GPA™ training in January, 2014, 707 LTC staff have participated in the program which includes both care and support services staff (i.e. recreation, housekeeping, laundry and dietary). There was an 11% increase from the pre-training perceived competency evaluation (76%) to the post-training competency evaluation (87%), signifying increased competency in knowledge of dementia, communication skills/approaches and also in identifying client's rights and individualization. Comments received from staff regarding the impact this training has had to their practice include: having a positive impact to my ability to respond to behaviours; and having a positive impact on my ability to communicate. Additionally it was noted that the strategies staff have learned are practical and useful in their roles. Following education and putting GPA™ into practice, one facility has seen a noticeable positive difference in how most of the residents react when the staff are using approaches learned through GPA™.

Volunteers

Heartland Health Region's seven Volunteer Service Coordinators manage many different types of programs within their communities. This past year, volunteers have filled a special role in Heartland as we moved into our two new long term care facilities in Rosetown and Biggar. The volunteer coordinators worked with the move in committees and the care team managers in these communities to provide willing and capable volunteers to complete a multitude of necessary tasks. We will rely on the local volunteers when it is time to assist with Kerrobert's new facility move in June 2015 as well. Heartland benefits from both young and mature volunteers in our acute and long term care facilities to perform tasks such as entertainment and companionship that greatly enhance the lives of our residents and patients. As always, volunteers fill many roles in the community for flu clinics, baby clinics and wellness clinics throughout the region in addition to the tasks we have come to rely on them for with the delivery of meals on wheels and our transportation programs. Volunteers play a vital role in the provision of services to residents of Heartland Health Region and we are grateful for each and every volunteer we have.

Patient and Family Centred Care

Patient and Family Centered Care (PFCC) has become a principle aim of our health system since the Patient First Review, *For Patients' Sake,* was released and then endorsed in 2009 by our health system leaders. Health regions have been challenged since that time to take action to focus on quality of service to clients while engaging employees in strategies that will enhance patient service and satisfaction ratings. It has been recognized that all health regions, including Heartland Health Region, must work diligently to engage staff to collectively create a culture to that is sensitive to specific patient and family needs and feedback in order to provide care that is truly patient centered; not the traditional system-based model.

Over the past year Heartland Health Region has been able to highlight and advance Patient and Family Centered Care by involving patient or family reps in the following ways:

- attendance at the provincial "Health Quality Council's Patient Safety Summit" in Saskatoon;
- participation on various regional committees and in various LEAN opportunities including Rapid Improvement Progress Workshops and the EMS 3P event;
- monthly speaking engagements at our Regional Health Authority Board meetings to share personal experiences within our health system;

- incorporation of Patient Family Centered Care module at our new hire Regional Orientation so all new hires are aware of this important initiative; and
- active involvement in the provincial Patient Family Centered Care committee

Heartland will continue to advance PFCC within our region in 2015-2016 by continuing all of the above measurements that have been implemented in addition to adopting provincial PFCC implementation plan.

Ethics

The Heartland Regional Ethics Advisory Committee met quarterly through this fiscal year. Goals for the year focused on enhancing staff's comfort with working through ethical issues as well as helping to increase their knowledge of areas related to ethics. Two main strategies were used to meet these goals:

1. Quarterly 'Did You Know' posters that were created by members of the committee and distributed to all facilities and service areas in the region for viewing by both staff & public. Topics included: What is Ethics?; Power of Attorney/Health Care Proxy and Ethical Decision-Making.

2. Coinciding with Ethics Awareness Week in March 2015, we decided that we would have March as Ethics Awareness month for the health region. In addition to one of the 'Did You Know' posters mentioned above, we adapted (with permission from the Alberta Provincial Health Ethics Network) ethics scenarios that were sent to each facility/service in the region to encourage discussion at various staff meetings. These scenarios listed both a case study as well as possible responses. Additionally, the committee hosted Dr. Qaiser Fahim, Ethicist for Saskatoon Health Region for a one-day workshop on Ethics Facilitation. Thirty managers, supervisors, point of care staff and Heartland's Privacy Officer attended. Overwhelming evaluation was that it was very good information and very applicable to their respective practice settings.

Mental Health and Addictions

Heartland Health Region (HHR) Mental Health and Addictions (MH&A) Programs have been very diligent in meeting targets set by the Ministry of Health for Mental Health and Addiction wait times. In the last two years since wait times have been tracked, HHR has only missed the targets on two occasions, and those were interpretation errors. HHR has consistently met 100% of wait time targets by offering service with the required time lines.

The Mental Health and Addictions staff are preparing to provide education and training to physicians and nurses regarding the Region's ***Suicide Protocol*** and how to deal with patients who present with suicide ideation. All Mental Health & Addictions Staff were trained in SafeTalk on March 23 and two of the staff have now taken the SafeTalk Train-the-Trainer course so to do the training with the physicians and nurses and other staff in the Region.

Child and Youth staff have initiated three new programs this year. ***Fun with Friends*** **and** ***Friends for Life*** were run in schools in Rosetown and Kindersley with great success. The programs address reducing anxiety and stress in children. The third program was ***Active Parenting Classes*** to provide parents with resources in dealing with behaviors that are not necessarily mental health related.

Eight of the Mental Health & Addiction staff participated in the ***Violent Threat Risk Assessment*** Levels 1 and 2 training that was provided through a collaboration of agencies in the West Central Regional Intersectoral Committee. The Risk Assessment provides a mechanism to determine if children/youth are at risk of harm to themselves and/or fellow students. The workshops were organized by the SunWest School Division and participants came from many agencies besides education and health.

Heartland has renewed the ***Partnership Agreement with the Sun West School Division*** regarding services that Addictions staff will provide into the Schools. Sun West has an Addictions Educator who serves the entire School Division on a half time basis. She will be continuing to provide addictions education to the elementary Grades. Heartland Addictions Counselors will be providing Addictions education to Grades 7 and 9 as well as to the Driver Education Class in Grade 10 and to Grade 12 students.

Youth Outreach

There was a meeting of Stakeholders in Kindersley on March 11th to review the very popular and successful Talking to Youth Live (TTYL) Program which is offered in the Region. At the table were Principals and Student Counselors from the Kindersley/Eston area where the next TTYL Program will be offered. There were excellent suggestions for topics that were more relevant to youth. This is an ongoing program that is offered every year at different communities within the Region.

The P.A.R.T.Y. (Preventing Associated Related Trauma in Youth) program is still going strong in the Region. The program was offered in the major communities in the Region. Youth are exposed to the chain of events related to a fatal vehicle crash from the crash all the way to the end result in therapy or the funeral home.

Autism

The Autism Staff moved into new offices in Unity. The offices are now located in the newly renovated Unity Community Resource Centre, and provide an excellent space for working with clients. The program continues to try to recruit another Pediatric Occupational Therapist and a Speech Language Pathologist.

Therapies

The Therapies staff was pleased to welcome a new physiotherapist to fill the vacancy at the Outlook Health Centre. Our Region is participating in the Lymphodema Program sponsored through a generous donation made to the Ministry of Health on a province-wide scale. The equipment aids in the drainage of accumulated liquid in the body when lymph nodes are not functioning. The Physiotherapist headquartered in Unity has been trained to use the equipment and demand for the services is growing.

Emergency Preparedness

The Ebola Contingency Preparedness Committee completed its work on a full Contingency Preparedness Plan for each facility and also a more concise, user friendly version that provided a Quick Reference for staff. Since the potential risk for an Ebola crisis is not as high now, meetings of the Committee were scaled back at the beginning of March.

The Regional Health Emergency Operations Centre was activated when a Bus Incident occurred January 14th, 2015 near Kerrobert. The Sun West School Division had chartered two tour buses to transport students from the Kindersley High School to Table Mountain Ski Hill on a school outing. The lead bus was involved in a motor vehicle accident south of Kerrobert when it hit a patch of ice and skidded out of control. There were approximately 90 patients who sustained minor injuries and five patients with non-life threatening injuries who required Emergency Medical Services (EMS) assistance. Ambulances from around the Region responded or assumed on call for other communities. Patients were transported to Kerrobert, Kindersley and Rosetown Health Centres. One patient was flown by Stars Ambulance to Saskatoon as a precaution.

The handling of the incident went well and there were only a few minor recommendations that resulted from the debriefing. There were many compliments around the table for the EMS staff who responded, the Kerrobert Staff who assisted with the incoming patients and for MD Ambulance staff who were of considerable assistance in coordinating communication.

Community Developer
Kids First Program

Through funding left over from the defunct Family and Schools Together program held by Heartland, the West Central RIC paid for Kids First Community Developer to take the Triple P Parenting Program. The program is being piloted in three aboriginal communities through the Ministry of Education, but the West Central Region is the first in the province to have a trained individual to offer the program in a non-aboriginal setting. Each grouping of educational sessions is eight weeks for the entire program.

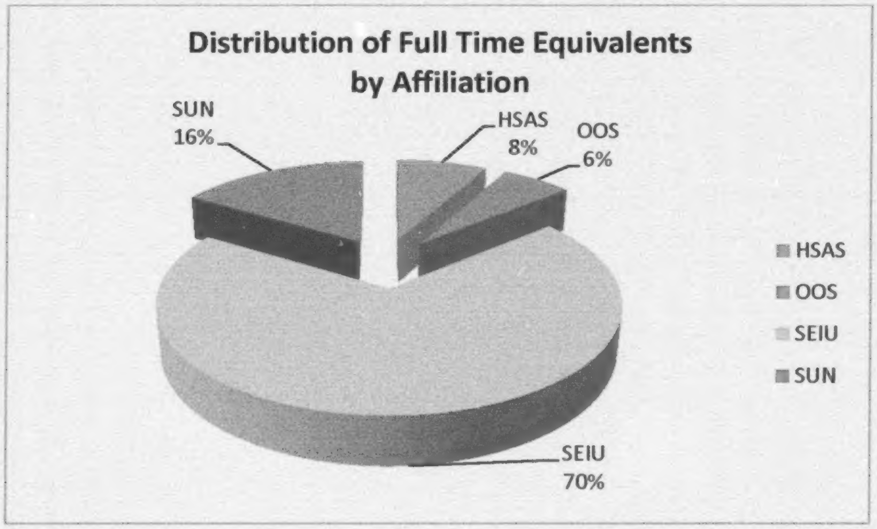
West Central Mobile Family Centre

A non-profit corporation has been formed to administer a Mobile Family Centre program and is awaiting registration. Until such time as the registration is complete and the non-profit corporation is a corporate entity, Heartland has acted as the Accountable Partner for grant application purposes. Because of the problems that have been encountered with trying to sustain Family Resources Centre in the larger communities, the corporation will be fundraising to purchase a van to equip with resources and travel to communities around the West Central Region. The corporation has applied for a Community Initiative Grant and a sponsorship program is being planned to raise money for the van and the resources. This is a very innovative approach to serving the needs of the community.

Better Teams

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,885 people in positions equaling 1,106.58 Full-Time Equivalents (FTEs) in 2014-15 (Figure 37). The majority of employees (773.0 FTEs) belonged to the Service Employees International Union (SEIU), while 179.84 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 86.49 FTEs and 67.26 FTEs, respectively. The region was home to 26 physicians on March 31, 2015.

Figure 37: Distribution Full Time Equivalents by Affiliation 2014-2015



The Heartland Health Region is very fortunate to have a stable and loyal workforce that is committed to providing quality healthcare services to residents within the Region.

Employee Engagement

Employees are vital to the success of this organization and the larger provincial healthcare system as well. That is why in February 2014, Heartland health care employees were asked for their views and opinions about their workplaces in an Employee Engagement Survey. The survey was conducted from February 6th to March 7th, 2014.

The Region received the results from this survey in June 2014. Heartland Health Region employee participation rates in the survey was 319 of 1775 employees or 18%. This is not a very good participation rate for our region that has in the past had 51% of employees participate in a 2005 employee survey and 20% in the 2011 employee opinion survey. The declining participation rates and results send a strong message that we have work to do.

The engagement score of employees in Heartland Health Region as determined by the 2014 survey is 34%. These scores are generally in the bottom quartile for engagement.

Heartland values the feedback we have received from our staff and are committed to continuously improving the workplace based on survey findings. Successful change can only happen with employee participation. Employees need to accept shared responsibility to work through issues with management in order to improve our workplaces. Employees are partners and therefore have the ability to act on issues as well as identify them. Members of senior leadership met with employees in focus groups to get a clearer sense of how to improve employee engagement. Focus Group meetings were held November 24, 2014 in Rosetown and Outlook and December 4, 2014 in Unity and Kindersley. Participants were asked for improvement suggestions particular to the areas of improving connections to senior leadership, managing performance and recognition. The following is a summary of themes from our conversations with employees:

- Value of senior leadership presence
- Managing performance
- Recognition
- What do you hope never changes

The Region is forming a working group to determine what areas are most important to address and to work out a plan for action.

Recruitment Bursaries and Professional Growth

Heartland offers a Student Bursary program. The purpose is to recruit and retain needed health care professionals to meet the needs of the people within the region. The Heartland Health Region Bursary is offered to students in a variety of health disciplines such as those studying to become Registered Nurses, Registered Psychiatric Nurses, Primary Care Nurse Practitioners, Physical and Occupational Therapists, Licensed Practical Nurses and EMS personnel. In return for this assistance, a bursary recipient must commit to work within the Region. These bursaries are available to members of the public and to existing Heartland employees who are advancing their health care education.

In 2014-2015, Heartland offered student bursaries and seven students have signed a return for service agreement. Those seven students consist of two Registered Nursing students, three Licensed Practical Nurses, one Physical Therapist, and one Advanced Care Paramedic student.

Representative Workforce

The Region is committed to creating a workforce that is representative of the communities it serves and has an established Aboriginal Employment Development Program. The purpose is to promote healthcare careers to aboriginal population and then to manage a workplace that originates from a variety of ethic cultures. The Heartland Regional Health Authority signed an Aboriginal Representative Workforce Agreement in 2005. A Representative Workforce is where Aboriginal people are employed in all classifications at all levels in proportion to their representation in the working age population. Aboriginal Awareness Training is provided to all staff and as of March 31, 2015 there were 734 current employees that received this training. As a means to monitor our progress in creating a diverse Representative Workforce, staff is surveyed to self-identify aboriginal ancestry. Self-identification surveys are provided to all new employees at regional orientation and all staff has online access to the self-identification feature of myINFO within Gateway Online.

Figure 38: Aboriginal Population Living in Heartland Health Region

Aboriginal Population living in Heartland Health Region (HHR)	
# of Aboriginal Population living in HHR (Source: Statistics Canada, National Household Survey 2011)	1,250
Total population living in HHR (Source: Ministry of Health Covered Population 2014)	44,567
% of Aboriginals living in HHR	**2.8%**

To adhere to our definition of representative workforce, our target for aboriginal representation is 2.8%. This portion of our total employees for the beginning of the fiscal year was 30. The number of self-identified Aboriginals working in Heartland Health Region as of March 31, 2015 is 43 (2.3%). We have advanced towards our target for the 2014-2015 fiscal year.

Attendance Management

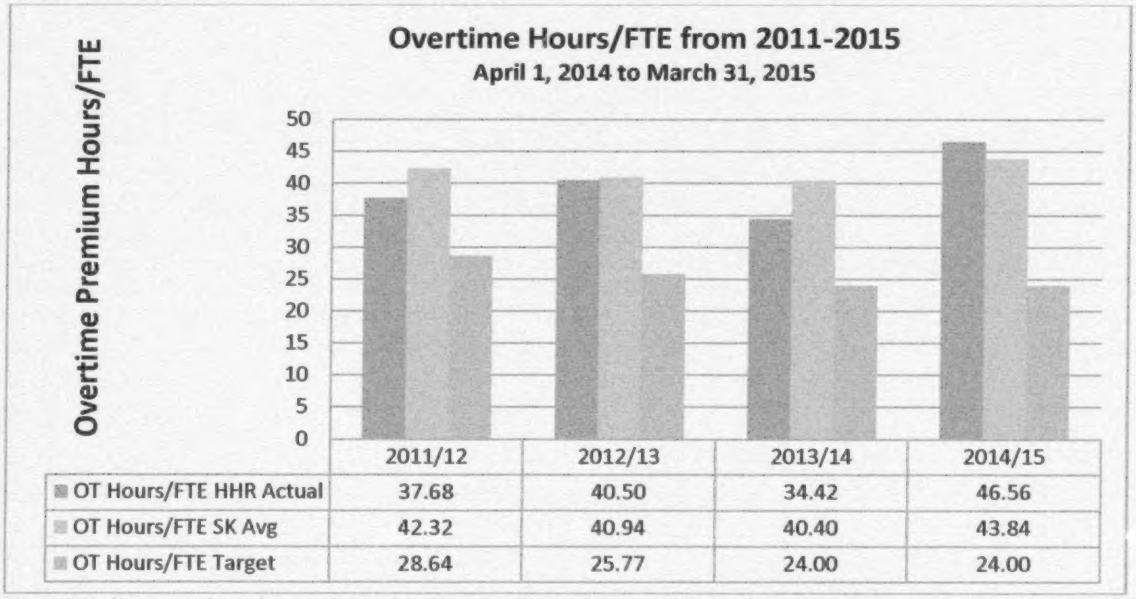
Overtime

Health Care employers have been challenged by the Ministry of Health (MoH) to reduce overtime hours and cost within the health care system. Excessive overtime is an expensive way to operate a business and is not an efficient or value-added use of public funds. Achieving financial health is important for everyone in the Heartland Health Region – employees, managers, leaders, and the people we serve.

Heartland did not meet our MoH target for overtime reductions for 2014-2015. Our overtime target was 24 hours/full time equivalent (FTE) and actual was 46.56 hours/FTE (51,535.58 hours). This is an increase of 12.14 hours/FTE (13,951.93 hours or 37%) overall from 2013-2014 when we were at 34.42 hours/FTE (37,583.65 hours). The Saskatchewan average was 43.84 hours/FTE in 2014-2015.

EMS and Diagnostic services have some unavoidable overtime (callbacks) as this represents the normal method of provision of emergency/urgent care. Around 23.7% of HHR's overtime premium hours are due to callbacks.

Figure 39: Overtime Hours Per FTE 2014-2015



	2011/12	2012/13	2013/14	2014/15
▨ OT Hours/FTE HHR Actual	37.68	40.50	34.42	46.56
▨ OT Hours/FTE SK Avg	42.32	40.94	40.40	43.84
▨ OT Hours/FTE Target	28.64	25.77	24.00	24.00

Heartland's overtime hours have in the past been below the Saskatchewan average; this is the first year in four years that our overtime has been higher than the Saskatchewan average, and the Saskatchewan average has also increased by 8.5%. Significant factors in the increase in overtime are a shortage of staff in rural areas, particularly relief/replacement staff and a lack of availability for call-in work.

Overtime hours for 2013-2014 and 2014-2015 by union affiliation and including Out of Scope (OOS) and total overtime hours are identified in the table below:

Table 6: Overtime Hours Comparison by Affiliation

	2013-2014			**2014-2015**		
	OT Hours	**Hours/FTE** Target = 24.0	**% of OT Hours**	**OT Hours**	**Hours/FTE** Target = 24.0	**% of OT Hours**
SUN	7,016.81	37.28	30.8%	9,144.21	50.85	17.7%
SEIU West	24,761.18	32.88	57.2%	34,994.49	45.27	67.9%
HSAS	5,729.85	69.33	11.7%	7,045.98	81.47	13.7%
OOS	75.81	1.12	0.3%	350.90	5.22	0.7%
Totals	**37,583.65**	**34.42**	100.0%	**51,535.58**	**46.56**	100.0%
SK Avg.		40.40			43.84	

2014-2015 overtime costs are identified in the following table; along with the percentage of overall Heartland Health Region overtime hours and costs for each department or service.

Table 7: Overtime Hours Comparison by Department/Service

Department/ Service	Overtime Hours/FTE Target = 24.0	Annual Overtime Hours	Annual Overtime Costs (Premium $s, not Base)
RN	50.85	9,144.21 (17.7%)	$390,794.38 (28.7%)
CCA	56.27	17,190.08 (33.4%)	$355,819.64 (26.2%)
Lab/X-Ray	177.86	7,508.95 (14.6%)	$202,862.48 (14.9%)
LPN	58.78	4,971.83 (9.6%)	$156,714.02 (11.5%)
EMS	205.24	7,712.67 (15.0%)	$147,285.35 (10.8%)
Dietary	30.47	3,002.38 (5.8%)	$56,890.32 (4.2%)
All other depts./services	n/a	2,005.46 (3.9%)	$49,954.68 (3.7%)
Regional Totals	**46.56**	**51,535.58**	**$1,360,320.87**

The Service Employees International Union-West (SEIU-West) overtime hours are 67.9% of the total regional overtime hours and **overtime hours increased by 41.3% in 2014-2015** over 2013-2014 overtime hours. The Continuing Care Assistant (CCA) classification is responsible for 33.4% of all Regional overtime hours. Lab/X-Ray departments are responsible for 14.6% of all overtime hours and the Licensed Practical Nurse (LPN) classification is responsible for 9.6%.

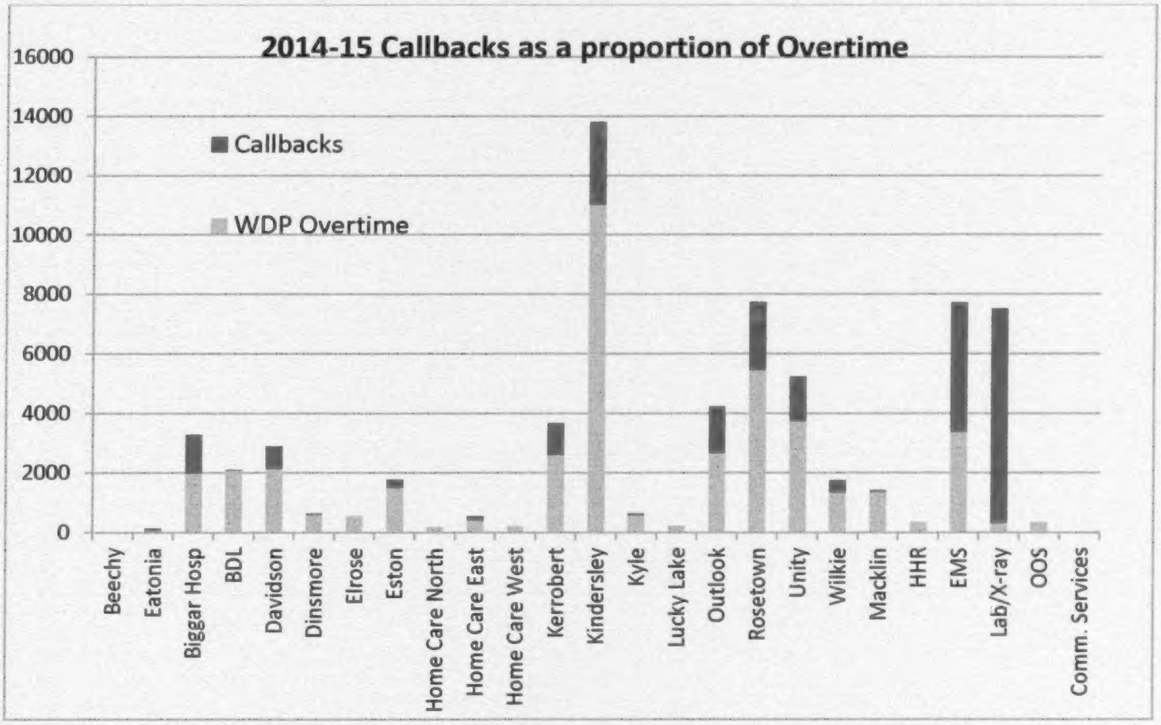
Overtime restrictions remain in place for overtime that is not related to employees being involved in direct client care activities or necessary clinical services will be restricted. These restrictions apply to Activities, Clerical, Health Records, Housekeeping, Laundry, Maintenance and Community-Based services. Overtime in these departments is collectively responsible for 3.9% of all overtime hours.

The Saskatchewan Union of Nurses (SUN) overtime hours are 17.7% of total regional overtime hours and **overtime hours increased by 30.3% in 2014-2015** over 2013-2014 overtime hours. In 2014-2015 overtime experienced in acute care sites was responsible for 61% of SUN overtime hours. Overtime hours within Long Term Care (LTC) sites and health centres was responsible for 35% of SUN overtime hours. Surgical programs were responsible for 1.4% of SUN overtime, in the past this was 1.2% in 2013-2014, 4% in 2012-2013 and 11% in 2011-2012.

The Health Sciences Association of Saskatchewan (HSAS) overtime hours are 13.7% of the total regional overtime hours and **there was an increase in overtime hours by 23.0% in 2014-2015** over 2013-2014 overtime hours. Within HSAS 98.7% of the overtime hours are related to EMS and 1.3% to Pharmacy services.

Heartland has also been monitoring callbacks as a proportion of our overtime hours. 23.7% of all overtime is related to callbacks. The Region is monitoring callbacks within lab/x-ray and maintenance departments to determine if callback guidelines have had an impact on reducing the number of callbacks. Lab and x-ray and maintenance callbacks have increased in 2014-2015.

Figure 40: Callbacks as a Proportion of Overtime



The target for Heartland's overtime for 2015-2016 remains 24.0 overtime hours per FTE.

Sick Time

Heartland did not meet our Ministry of Health target for sick time reductions for 2014-2015. Our sick time target was 66.25 hours/FTE and actual was 83.65 hours/FTE. This is an increase in sick time hours/FTE from 2013-2014 when hours/FTE were 77.86. The Saskatchewan average was 79.86 hours/FTE in 2014-2015.

Figure 41: Sick Time Hours Per FTE 2014-2015

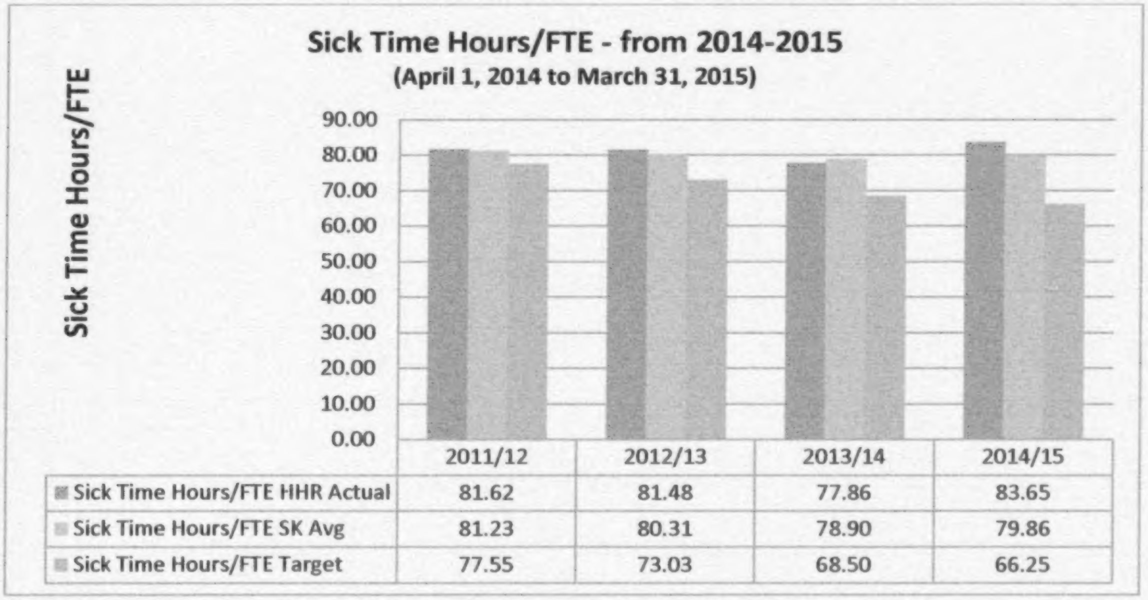


Table 8: Sick Time Hours by Affiliation

	2013-2014			2014-2015		
	Sick Leave Hours (Paid)	Sick Leave Hours (Paid & Unpaid)	Hours/FTE Target = 68.50	Sick Leave Hours (Paid)	Sick Leave Hours (Paid & Unpaid)	Hours/FTE Target = 66.25
SUN	13,129.54	13,533.23	68.20	16,545.53	16,939.13	92.0
SEIU	65,518.31	84,847.94	84.97	70,086.82	91,759.92	90.67
HSAS	5,863.07	5,995.59	69.93	5,289.94	5,507.55	61.17
OOS	2,468.60	2,499.10	35.29	2,631.55	2,676.30	39.13
Totals	**86,979.52**	**106,875.86**	**77.86**	**94,553.84**	**116,882.90**	**83.65**
SK Avg.			78.90			79.86

The SEIU sick time hours are 78.5% of the total regional sick time hours and **sick time hours increased by 25.2% in 2014-2015** over 2013-2014 sick time hours. The CCA classification is responsible for 45% of SEIU sick time hours and 35% of all Regional sick time hours. The LPN department is responsible for 9% of SEIU sick time hours; Dietary departments are responsible for 14% of SEIU sick time hours; and Environmental Services departments are responsible for 12% of SEIU sick time hours.

The SUN sick time hours are 14.5% of total regional sick time hours and **sick time hours increased by 25.2% in 2014-2015** over 2013-2014 sick time hours. The HSAS sick time hours are 4.7% of the total regional sick time hours and **there was a decrease in sick time hours by 8.1% in 2014-2015** over 2013-2014 sick time hours. The OOS sick time hours are 2.3% of total regional sick time hours and **sick time hours increased by 7.1% in 2014-2015** over 2013-2014 sick time hours. The target for Heartland's sick time for 2015-2016 is 64.0 sick leave hours per FTE.

The region will continue its efforts and focus on reducing overtime and sick time through numerous strategies including call-in and vacation guidelines, attendance support programs, enhanced Return-to-Work (RTW) programs, employee wellness programs, and multi-program huddles with managers/staff to review statistics, identify root causes and commit to corrective actions.

Occupational Health and Safety (OH&S)

Heartland Health Region is committed to providing a safe work environment for all employees while they provide quality client care regardless of where they perform that work.

In 2011, the Ministry of Health established its five year action plan to achieve the goal of reducing our work place injuries over the coming four to five years so that by March 2017, no staff would experience harm or injury while at work. Heartland's OH&S department has been working diligently to try to meet those targets and strives daily to find avenues to support staff to ensure they have the education, awareness and equipment they need to work safely.

While we recognize we have additional progress to make, we have embarked on many initiatives to guide us to achieving the 2017 goal which includes: examining and following up with all employee incident reports that are submitted and working with that employee and the local site to make improvements so that the incident does not recur; sharing actual workplace incidents as regional learning opportunities to raise awareness with all employees; expecting regular workplace inspections with follow-up; encouraging employees to report incidents and participate in thorough investigations of those incidents; support for local Occupational Health and Safety Committees in all sites; and timely employee support by our Employee Wellness Nurse.

Heartland Health Region is committed to continuing collaborative work with staff at all levels so no employee suffers injury while at work. We believe that workplace injuries are preventable and Heartland is committed to implementing control measures to mitigate the hazards that are present in the worksite. These control measures comprise the provincially adopted "Safety Management System".

The Safety Management System (SMS) is comprised of six different components and the purpose of the system is to identify, eliminate, and control hazards that all contribute to a sustained system that protects the health and safety of our employees. The following six elements comprise the SMS:

1. Management commitment and leadership
2. Hazard identification and control
3. Training and communications
4. Inspections
5. Reporting and investigations

6. Emergency response

Key actions taken in 2014-2015 have been:

- Focused implementation of the first three modules of the SMS in a trial site; Kyle Health Center, in collaboration with their local Occupational Health Committee (OHC) and Care Team Manager.
    - Implementation began with a self-assessment in Kyle which formed our action plan for implementation this past year and for 2015-16 year as well.
- Regularly offering the Saskatchewan Association for Safe Workplaces in Health (SASWH) Safety for Supervisors education to all Heartland staff who have supervisory responsibilities so they are prepared to manage those responsibilities when required of them.
- On-going support to site Managers and members of local Occupational Health and Safety Committees on incident investigations that encourages and empowers them to look for the root cause of an incident and implement preventative measures to prevent recurrence.
- Continued support to all Heartland Health Region's Occupational Health and Safety Committees to enrich their effectiveness and visibility in our workplaces.
    - All committee co-chairs are offered Level I and II OHC training so they better understand their role and the function of the Occupational Health and Safety Committee in their site
- Review of all Staff Incident Reports by the Heartland Occupational Health and Safety department with appropriate follow up and support by any member of the team (OH&S Director or Manager, Employee Wellness Nurse, Ability Management Coordinator, TLR Program Supervisor).
- Participation in provincial planning for provincial-adoption of a Safety Alert System/Stop the Line by March 2018. This type of system would encourage employees to immediately report any actual or potentially unsafe situation that may affect themselves or a client with the expectation they would receive follow-up in a certain time frame, depending on the severity of the reported incident.

Below is a review of the incidents reports received and followed-up by the Heartland Health Region's OH&S department. An explanation of the Codes is listed below:

Code 1:

- Any near miss for the potential for First Aid treatment required for injury or harm (Near Miss means the incident/injury almost happened but it was stopped in time so it didn't actually occur)
- Any injury requiring First Aid treatment at the facility but not treated by an MD
- Any incident from a client's aggression that is due to aging or a disease process

Code 2:

- Near Miss for the potential for Medical Treatment
- Medical Aid- requires treatment with no lost days following the injury (ex. an employee may have sustained an injury which was treated however they didn't lose any work time due to that injury)
- Exposure to suspected toxic/infectious substance
- Threatened violence/aggressive behavior not due to aging or a disease process

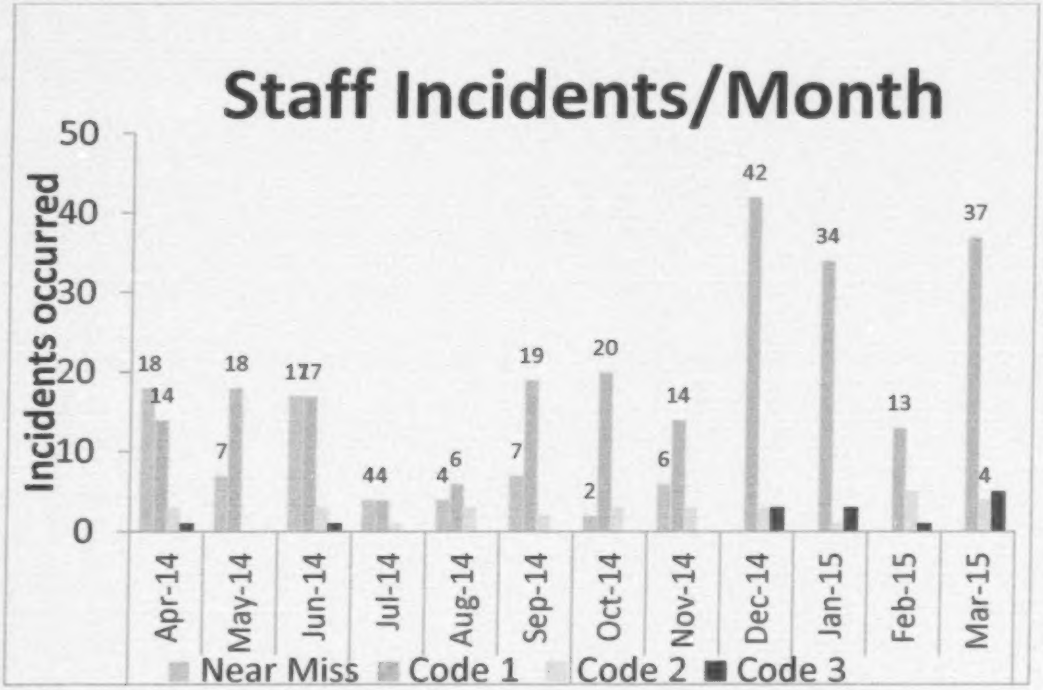
Code 3:

- Near Miss to any dangerous occurrence (as defined by the Occupational Health and Safety regulations)
- Lost time injury that required medical attention and time at work was lost following the injury
- Exposure to a verified toxic or infectious substance
- Intentional physical violence not due to disease process
- EMS highly stressful incident requiring Critical Incident Stress Management

Code 4:

- Serious bodily injury
- Permanent disabling injury from an acute mechanism of contact (ex. Paralysis or amputation)
- Fatality
- Confirmed viral contraction (ex. HIV, Hepatitis B or C)

Figure 42: Staff Incidents Per Month



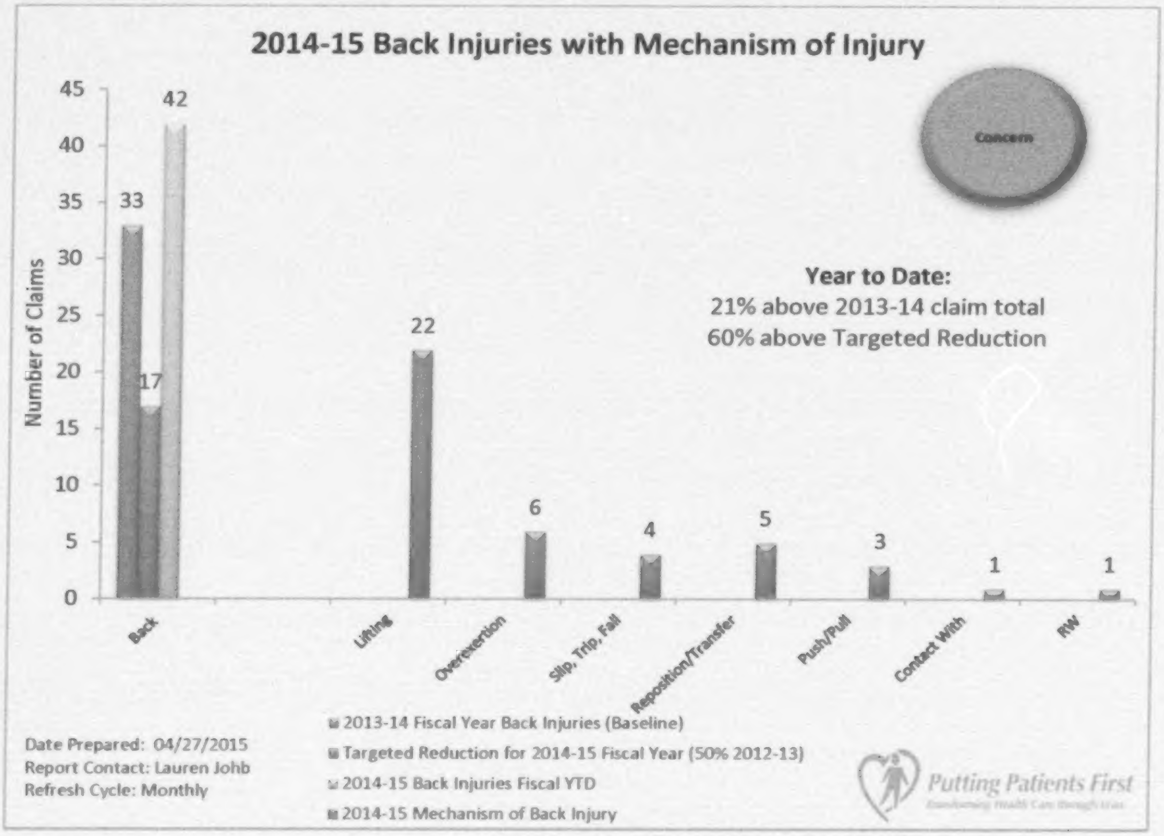
Workers' Compensation Claims

Following with the Heartland Health Region's goal to have a healthy, safe and productive work environment, we are striving to reduce the number of work related injuries which are occurring. In 2014-15, a goal to reduce total workplace injuries by 50% from the 2012-2013 fiscal year was set. Unfortunately, the Heartland Health Region did not meet this goal. We were able to identify some trending when claims are submitted which shows us where we need to focus our energy to ensure greater claim reduction is seen in the future.

Two areas which we will be monitoring closely will be monthly trends, as we saw spikes in submission of staff incident report and Workers' Compensation Claims during the summer and early winter months. As well, we had an increase in staff needle stick exposures. Heartland Health Region has circulated communication to staff to increase their awareness and has been working alongside Facility Managers to be proactive in decreasing injuries and potential workplace hazards and will continue to do so in the coming year.

Also in 2014-15 the Ministry of Health established a target of a reduction in back and shoulder injuries within the workplace by 50%. The Heartland Health Region did not meet this target (represented in Figure 43 and 44) as we saw an increase in back injuries and remained constant for shoulder injuries during 2014-15 as compared with 2013-14.

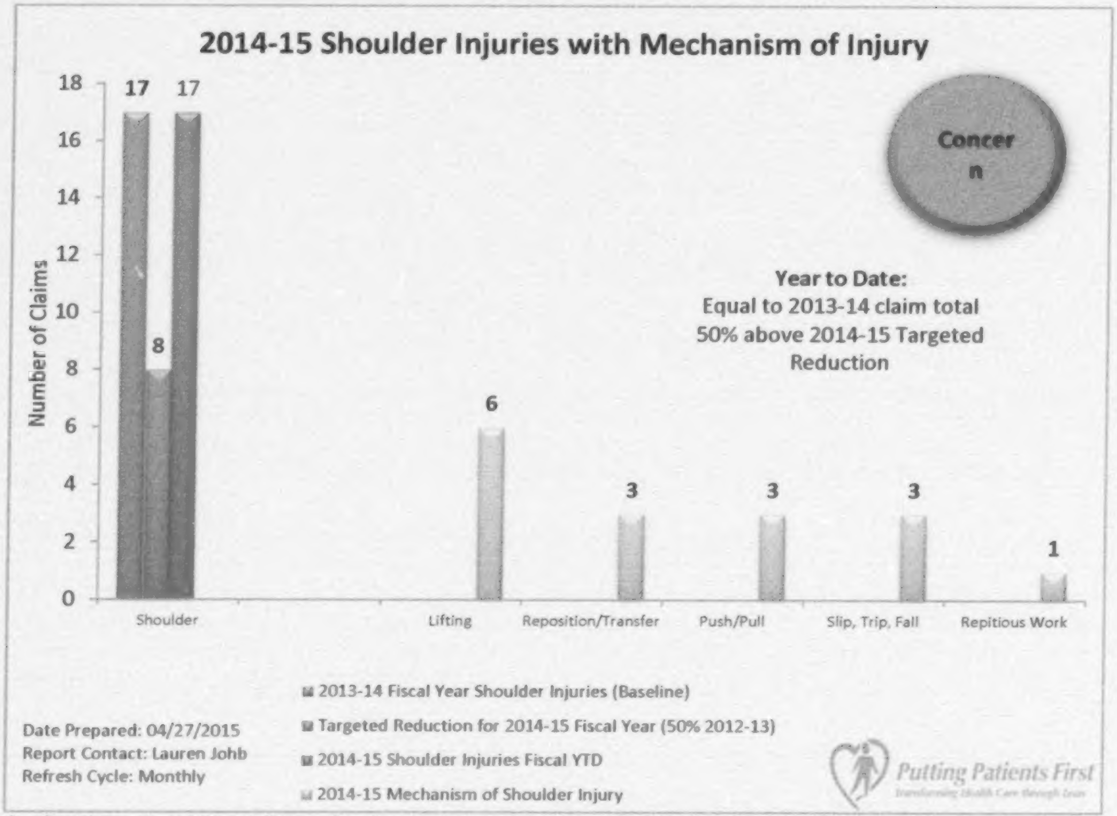
Figure 43: 2014-15 Back Injuries with Mechanism of Injury



Year to Date:
21% above 2013-14 claim total
60% above Targeted Reduction

Date Prepared: 04/27/2015
Report Contact: Lauren Johb
Refresh Cycle: Monthly

Figure 44: 2014-15 Shoulder Injuries with Mechanism of Injury

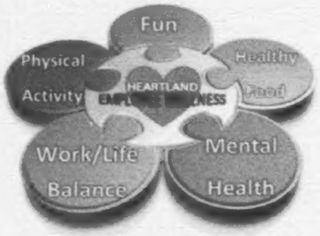


It is the Heartland Health Region's goal to see a decrease in back and shoulder injuries in the 2015-16 fiscal year through improved incident investigations on all Code 1, 2, 3, and 4 staff incidents, follow up of every staff incident by a member of the OHS team, and continued comprehensive TLR training and review within Heartland Health Region's facilities and affiliates.

Employee Wellness

The Heartland Health Region strives to promote a healthy, safe and productive work environment. All employees are valuable and necessary components of the team of health care providers and have a responsibility to maintain their own health and well-being and to ensure their regular attendance at work.

The Heartland Health Region places a high value on attendance and punctuality. The Region has an Attendance Support Plan that has largely been responsible for reductions in sick leave and is a proactive system that maximizes employee's abilities to attend work. It supports a positive commitment on the part of the employee to attend work regularly and a commitment on the part of the Employer to assist employees in doing so. The plan involves early return to work when an employee experiences an illness or injury and an Employer commitment to modified duties that respect the employee's abilities and medical restrictions as we believe an experienced and trained health care provider is valuable even though they may be working in a modified capacity.



The Employee Wellness Committee (EWC) is also instrumental in addressing and improving employee health. The EWC is accountable for researching, planning, developing, evaluating and recommending programs for the enhancement of personal and workplace health and wellness among Heartland Health Region employees. The Employee Wellness Committee is a committee composed of various Heartland Health Region Employees. The committee is under the direction of the Vice-President of Human Resources, the senior leadership (sponsor) from within Heartland Health Region.

The EWC conducted an Employee Health Interest survey to assess the current level of individual and organizational health and to determine staff preferences, attitude and need for health promotion. That survey is now how the EWC determines what initiatives/programs will be run through-out the year. In 2014-2015 the EWC focused on developing a stronger program for all staff and has worked to make connections with other regions to provide provincially focused wellness information. In May 2014, this group held two Employee Wellness Days (one in Unity and one in Outlook) which focused on delivering crucial health information to staff within the areas of physical activity, nutrition, mental health, and work/life balance. These days also were used to kick off the Change Day 2014 project that was happening throughout the province. This group also assisted with and attended various Employee Appreciation Events held in June throughout the Region. It is the EWC's goal through these initiatives and attendance at Employee Appreciation Events to foster a greater sense of team work and collaboration within the region while promoting healthy lifestyles in a healthy workplace setting.

The EWC is also the driving force to ensure that staff is aware of and able to access Heartland Health Region's Employee and Family Assistance Program (EFAP). In collaboration with the EFAP provider, Homewood Human Solutions, the EWC is reaching out to each work-site to identify what specific needs are arising. When an area is identified that is in need of further education, Homewood Human Solutions and the EWC will work together to provide education sessions to employees that meet their needs. The partnership that is fostered between the EWC and Homewood Human Solutions will help to promote healthy living for all employees.

Physician Resources

Through 2014-2015 Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Physician shortages continue to be a challenge for some communities. Through coordinated efforts with stakeholders to address current and future recruitment plans, models of care, and a regional locum program, the majority of the vacancies have been filled throughout the region.

The region continues to dedicate resources to welcome and settle new recruits. Unity, Eston, Davidson, Macklin and Kindersley have welcomed new physicians to their communities in 2014-2015.

Figure 45: Dr. Sumeet Dhillon

Dr. Sumeet Dhillon joined the Downtown Medical Clinic in Unity on Monday, May 26th, 2014. She finished her clinical placement in SIPPA in Saskatoon in early May. Dr. Dhillon comes from India and spent time working in India and Dubai. She became a physician in 1987. She has many interests in Medicine with her main focus on Obstetrics and Gynecology. She has worked in many areas throughout her career including Obstetrics, Gynecology, Emergency Room and Family Medicine.

Figure 46: Dr. Harjeet Singh Nanda

Dr. Harjeet Singh Nanda began practicing in the Macklin Clinic in early October. He completed the SIPPA program in September 2014. He is from India and has been a physician since 1993. Dr. Nanda is a general practitioner and also has an interest in Emergency Room (ER) Medicine and Anesthesia.

Figure 47: Dr. Michael Olabiyi

Dr. Michael Olabiyi is one of Kinderlsey's newest physicians. He began work in the Kindersley Clinic in early October. 2014. Dr. Olabiyi is from Nigeria and is living in Kindersley with his wife who is also a physician and three children. They were previously living in Brandon, Manitoba. He has been a physician for 12 years and completed his SIPPA in September 2014. He is also interested in Orthopedics.

Figure 48: Dr. Ola Bamigboje

Dr. Ola is the newest physician to begin practicing in Heartland. She started in Davidson in late January, 2015. She is from Nigeria, an interesting country in West Africa. Dr. Ola comes to Davidson with her husband, who is also a family physician from Nigeria, and her two year old son. She completed the SIPPA program in December 2014. She is located in the North Wing of the Davidson Health Centre. She had her medical training/background in Osun State, Nigeria. She also has a Masters in Public Health from Liverpool, UK. She is a general practitioner and has a special interest in pediatrics.

The Heartland Health Region and the communities of Unity, Macklin, Davidson and Kindersley welcome these new physicians to the area.

Better Value

2014-2015 Financial Summary

Heartland Health Region ended the 2014-2015 fiscal year with a $23.6K operating surplus after capital commitments including mortgage payments, and energy performance contract loan payment. In addition, the Region was able to transfer operating surplus of $779K for future capital equipment and projects. The surplus is similar to the previous year surplus of $66K and capital transfer of $824K.

The Region's Operating Working Capital decreased to .8 days from .94 in 2013-2014. This was mainly due to the reinvestment of monies in longer term investments.

Revenues

Total operating revenue for the region was $104.65 Million. Overall, 88% of the operating fund revenue was provided by funding from the Ministry of Health. The region's revenues were $1.04M over budget or within 1%. This overage of $556K was due to new medical remuneration funding for Locum and alternate payment contracts and client revenues, Long Term Care (LTC), Emergency Medical Services (EMS), Home Care and reciprocal billings. Ministry targeted support for areas included pension funding, bursary program, Kindersley Needs Assessment (KNA) and Davidson Electronic Medical Records (EMR) funding.

The region saw an increase in empty beds overall, average of 21 per month. This is compared to a 13.9 average in 2013-2014. EMS revenues were up as trips were also up 50 from 2013-2014 despite many service disruptions. Out of province/reciprocal revenues were significantly up again over last year due to a continued increase in rates and visits.

Expenditures

Expenses were up 1.9% over 2013-2014 mainly due to the SEIU salary lift. Overall expenses were on budget within .17%, despite continued struggles with meeting our Attendance Management targets as reported earlier in this report. Offsetting this, the region saw significant vacancies in our Community Services and Regional support positions.

41.7% of the operating budget was spent on inpatient and resident services (Acute and LTC), 26.4% on support services (Housekeeping, maintenance, dietary etc.), 9% on Diagnostic and Therapeutic services, 2.4% on physician compensation and 20.2% on Community Services. Other significant variances from Schedule 1, Schedule of Expense by Object Code:

- Medical Surgical Supplies- Deficit due to budget restriction which limited any inflationary increase. Continued focus on implementation of centralized ordering and distribution including a review of site inventory management.
- Repairs & Maintenance—Deficit due to general repairs and renovations up and significant EMS repairs
- Drugs – Surplus due to expansion of drug inventory management and distribution

The region provided funding to its affiliate, St. Joseph's in Macklin and to health care organizations, Bridgepoint Centre for Eating Disorders Inc. and Canadian Mental Health Association. (Note 10b)

Efficiency Targets

The region was given an Efficiency Target/budget reduction of $1.495M by the Ministry in the areas of:

- Attendance Support
- General Efficiencies
- Shared Services

For general efficiencies the region worked through travel restrictions, vacancy management, revenue administration, utility efficiencies and general facility reviews. The region had general procurement savings through the provincial contract with HealthPRO, in the areas of medical/surgical (sutures), drugs, pumps, and wound care.

Capital

Debt

The region currently has seven mortgages totaling $3.65M that are guaranteed by the assets of the organization. The region paid out the mortgage on the Biggar Diamond Lodge prior to disposal and had one renewal. In addition, the region has a loan for an Energy Performance Contract and has entered into a capital lease for two new ambulances. The Heartland Regional Health Authority has approved an ongoing fleet leasing strategy that will continue to improve the health of our ambulance fleet. This includes the lease of two new ambulances a year up to total of ten at one time. For more information see Note 5 & 6.

Capital Projects Update

As we come to the close of another fiscal year, we see a lot of transformations taking place in the two new capital projects in the region. It is a very exciting time in Heartland Health Region as we open one new facility in Biggar and prepare to open one more in June 2015 in Kerrobert.

Ft3 was the architectural company in charge of designing for both of these buildings. The design work has been a passion for their design team as they commit to improving care for our elders. They have been working with the communities and the region since 2009, assisting in making these community initiatives and dreams into a reality.

The concepts behind the design of these projects allow residents to be at ‘home’ with smaller households of residents and the typical amenities of home. Residents have access to outdoor gardens and spaces and each household has a unique identity. The movement away from institutional environments to residential living in Long Term Care is significant. These facilities will serve our communities very well for years to come.

The new Biggar Long Term Care facility replaced the current Biggar Diamond Lodge. It is attached to the Biggar Hospital. The new complex will be known as the Biggar and District Health Center. The new LTC facility has 54 beds in four different neighborhoods. Each neighborhood has a unique home like feel with fireplaces, kitchenette islands, TV’s and sitting areas for the residents. The residents moved into their new home in late March, 2015. Construction on the new Biggar Long Term Care facility started in October 2012. The construction also involved some renovations to the current Biggar Health Centre including the replacement of the current kitchen. EllisDon Construction was the general contractor for this project. Construction has nearly been completed on the new LTC facility in Biggar. Work to finalize deficiencies noted prior to move in are still to be completed this spring.

Kerrobert is getting a brand new state of the art integrated health center. It will replace their existing outdated building that houses both their long term care and acute care residents. The new building will have 30 long term care beds and eight acute care beds. The new building will house the Kerrobert primary care clinic, community based services, diagnostic services, 24/7 emergency medical services, and Telemedicine. The new facility is being built at the junction of Manitoba Avenue and Highway 21. The new facility is a very unique design that will house long term care homes in a neighborhood setting like the other two facilities and all other health professions in one place. EllisDon Construction was also the general contractor for the Kerrobert facility.

The Kerrobert project was tendered in January/February of 2012. Construction started in the spring of 2012. At the end of March 2015 the building was about 98% complete. Painting, millwork installation, flooring installation and final mechanical/electrical were ongoing. Move in is scheduled for June of 2015.

The people of Kerrobert, Biggar and the surrounding communities have generously contributed their time, energy and financial support to having these buildings be constructed. The design of all the long term care homes puts the needs of our patients and residents first. Once complete they will provide homes for valued members of these communities who just need that extra care to enjoy the high quality of life they have worked so hard for.

Shared Services

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with their partners, they find innovative solutions to complex problems to help create a sustainable system for future generations. They place patients and their families at the centre of all that they do, working with their partners to improve quality and ensure patient safety.

The shared services they provide include payroll processing and employee benefits administration for over 42,000 healthcare system employees, as well as joint contracting for goods and services. They identify and provide new shared service opportunities to support better health, better care, better value, and better teams.

In 2014-15, 3sHealth developed five values that guide their work, priorities, and interactions with clients and stakeholders. They are:

- Collaboration
- Innovation
- Integrity and trust
- Transparency
- Bold and courageous leadership

In alignment with those values and together with the health regions and SCA, 3sHealth celebrated the following key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the healthcare system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long-term care units.
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system.
- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families.

3sHealth thanks its partners for their ongoing commitment to improving healthcare in Saskatchewan. We look forward to continuing our work in 2015-16 and making healthcare better together.

Emerging Health Issues

Physician Resources

Throughout the past year Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Increasing physician shortages have been a challenge for our communities. There have been coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program. Physician practices continue to remain private and regional recruitment strategies are largely locally based. However, the region has dedicated resources to support community initiatives, to welcome and settle new recruits, and to assist applicants through the administrative requirements for immigration and licensure. The region continues to work with various internal and external stakeholders to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices.

Human Resources

The Heartland Health Region is very fortunate to have a stable and loyal workforce that is committed to providing quality healthcare services to residents within the Region. Staff turnover is very low in most classifications; unfortunately, due to challenges in recruiting new staff to rural areas, even a small amount of turnover can be challenging to replace.

The most pressing workforce supply issue the Heartland Region has and will continue to face into the future is our ageing workforce. The Heartland Region is currently experiencing shortages in all nursing care classifications, therapies, dietary and emergency services classifications. Within the next 2 – 5 years it is expected that the Region shall be facing a critical shortage of nursing care staff and lab/x-ray staff. The region will continue efforts to aggressively recruit as well as retain staff in these areas.

A Culture of Safety

Safety for all continues to be a key strategic goal for the region. Several projects are underway in order to enhance safety throughout the region both for staff and patients alike. Required organizational practises (ROPS) for infection control, Accreditation Canada standards such as medication reconciliation and Surgical Safety Checklist, as well as a Provincial Senior Falls and Injury Prevention Reduction Program all contribute to safer patient care for everyone.

Key to Heartland's progress is the continued evolution of the Culture of Safety in both the organization and the community. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with 'accidents", and unintentional injury. Not all of these costs can be measured and financial gains are not immediate.

Progress in 2013-2014

Hoshin Kanri – Strategic Priorities

Hoshin Kanri is a proven strategic planning and management method being used across the Saskatchewan health system. The Hoshin Kanri planning process focuses on Better Care, Better Health, Better Teams and Better Value for the people of Saskatchewan.

Each year a series of breakthrough initiatives are outlined by each Health Authority in the province. The Heartland Health Region identified two priorities for the 2014-2015 fiscal year:

1. Stabilizing Emergency Medical Services
2. Long Term Care Quality Indicator Improvements

1. Stabilizing Emergency Medical Services

Heartland Health Region (HHR) has experienced significant issues with the provision of Emergency Medical Services (EMS) services over the past several years. As an indicator of the importance of this service, the challenges it was facing, the associated risks to the organization and to the clients we serve EMS Stabilization was selected as one of the Region's top two strategic priorities for 2014-2015.

The A3 or Project Plan identified the problem statement as:

> Patients in need of or "requiring" EMS often experience excessive, unreasonable wait times and delays for services that result in:
> - Client dissatisfaction/frustration
> - Potential for negative client outcomes
> - Staff/physician dissatisfaction/frustration
> - Risk to client/staff safety

The Root Cause Analysis included issues and barriers related to: manpower, fleet challenges, regional geography/ service locations, call volumes, service disruptions (Emergency Room and Emergency Medical Services) and wait times in tertiary.

A Preferred Future State was identified as one whereby the HHR will have a reliable and effective emergency medical response system where the system will:

- respond to patient needs in a timely manner,
- respond with a consistent level of service,
- ensure client and staff safety is a focus of all responses, and
- provide meaningful employment for staff,
- be cost efficient

The Implementation Plan recommended that a 3P (Production Preparation Process) be held to analyze and develop an efficient and effective EMS delivery model for the Region. The region applied for and later received approval from the Ministry of Health (Saskatchewan Healthcare Management System) to host a 3P event in our region with respect to EMS services.

In preparation for the 3P event four community information meetings were planned throughout the region in February to provide the opportunity for the public to provide feedback on the attributes they feel are critical to an effective emergency medical response system. Unfortunately the meetings scheduled for Rosetown and Outlook had to be cancelled due to low enrollment. The meetings in Unity and Kindersley were well attended despite the winter weather. An additional presentation was provided at the West Central Municipal Government meeting held in Dinsmore in February to gather input from stakeholders that may have missed the other opportunities for input.

Attendees at the community information meetings were given a presentation of the current state of EMS in Heartland and were given an opportunity to discuss and ask questions for clarification. Feedback from the participants was very similar throughout the three meetings. An intense week of data collection with the 3P Consultant was scheduled in February. Data was collected and charted to create an EMS Current State Data Wall for the 3P Event. The 3P event was held in Kindersley March 16th to the 20th. The complete flow for EMS service was mapped out in depth. Participants used Lean tools to design quality improvements to the service. Alternative process methods were tried and tested, ranked and modeled.

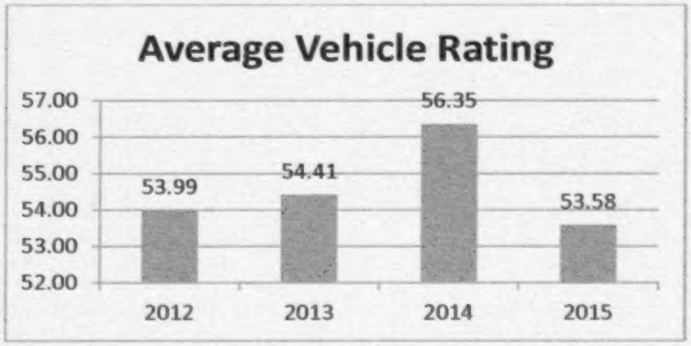
Participants for the 3P week in Kindersley included some front line EMS staff, some EMS Coordinators, EMS Management, Heartland Senior Leadership, Union Representation (SEIU and HSAS), Patients, Provincial EMS Experts, Ministry of Health, Saskatchewan College of Paramedics and other Heartland Managers. Heartland Kaizen Promotion Office (KPO) staff supported the 3P event throughout the week.

As the 3P event could not be scheduled until much later in the year, in July 2014, the Heartland Board approved a $500,000 investment into EMS staffing as an interim measure to stabilize EMS. This investment resulted in permanent staffing enhancements and the creation of new permanent part time positions at several sites across the region. The Board also approved an EMS Fleet management plan which is a multi-year lease plan adding two new units to the fleet each year. The $500,000 investment and the multi-year fleet vehicle lease plan have helped some stabilization efforts in some areas of the region.

EMS Fleet

For the past few years our unit failures and maintenance/repair costs for the EMS fleet have increased substantially. Each year our EMS Fleet and Equipment Management Committee assess all the EMS fleet vehicles and rate them using a standard template. Over the years the ratings have continued to increase, indicating the health of the EMS fleet was declining. With the addition of two new vehicles in 2013-2014 (one new and one new chassis remount) and the purchase of another two new vehicles in 2014-2015 we are starting to see a gradual improvement in the ratings, indicating the health of the fleet is improving. With the Heartland Board approving an ongoing leasing strategy for our EMS fleet we will see another two vehicles arriving for the fleet in May 2015.

Figure 49: EMS Fleet Ratings – Average Vehicle Rating 2012, 2013, 2014 and 2015



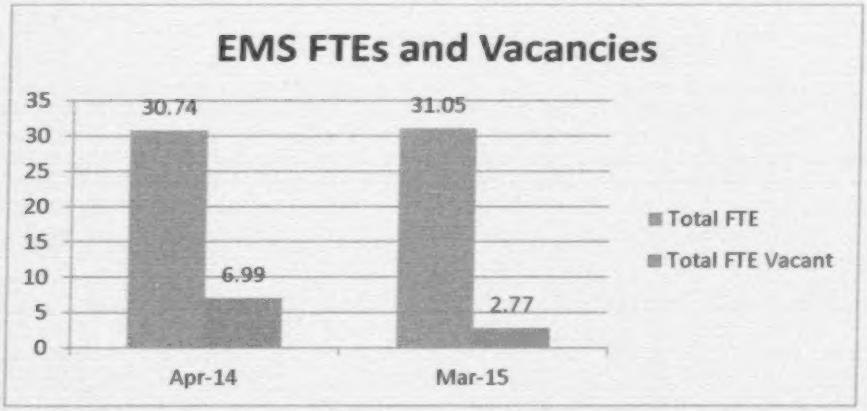
EMS Staffing

There are two kinds of EMS positions in Heartland with guaranteed hours of work, the remainder of the positions are a casual on-call position. An EMS blended position is a health care worker who works in a different department (e.g. Housekeeping, Laundry, Continuing Care Aide, Maintenance, etc.) who also holds EMS qualifications and will leave their other job in the health care facility to respond to an EMS call. An EMS position is a position with guaranteed hours within EMS where the employee works doing EMS job tasks and responds to calls while at work.

Over the years we have had several EMS Blended positions but recruitment and retention into these positions has been quite difficult. Some of our vacancies in the EMS Blended positions have been vacant for three or more years. With the investment into EMS positions and the long standing vacancies in the EMS Blended positions, we have started to eliminate the long term vacant EMS Blend positions, returning these positions back to their original intent (e.g. Continuing Care Aide/EMT position is now posted and filled as a Continuing Care Aide, the person no longer requires EMS qualifications to hold the position).

Our EMS Blended positions now amount to 3.23 Full Time Equivalent (FTE), last year we had 8.17 FTE in EMS Blended positions and our vacancy ratio for the EMS Blend positions was 72%. Prior to the July 2014 investment of 500K into EMS staffing we had 21.87 FTEs in EMS positions, following the investment by the board the EMS position FTE increased the 27.82. Combining our EMS positions with our EMS Blend positions we have a total of 31.05 FTE (37 positions). Our vacancies have declined with the elimination of the long-term vacant EMS Blend positions and we were able to recruit into all the new EMS positions that were created in July. To date we have five vacancies remaining in EMS (two EMS Blend positions and three EMS positions).

Figure 50: EMS Total FTE and Vacant FTE April 2014 to March 2015



Out of Service Times

Out of service time is defined as the amount of time an ambulance was not available to respond from the home base to calls in that EMS coverage area – a neighboring EMS site would have to be dispatched to respond to any calls in that area. Out of service times can be caused by a number of factors (on a transfer and no back-up unit is available at the site, unit maintenance/repair, staffing, etc.) Our most common cause of out of service time is the inability to find staff to be on call for the EMS service. Some services have seen improvements in out of service time while others have increased the amount of out of service time they experienced.

Biggar, Davidson, Outlook, Rosetown and Unity EMS services all decreased the amount of out of service time for their services. This can be directly attributed to the staffing enhancements these services received in July as well as the approval to schedule two EMS crews for on-call. Prior to last year these busy EMS services only had one ambulance crew on-call. When a call came in they would attempt to secure staffing for the second ambulance, many times not being able to find staffing causing them to be out-of-service until the first crew was done their call and back in their service coverage area.

There were various EMS services with considerable increases in their out-of-service time. Dinsmore, Dodsland, Eatonia, Kyle, Luseland, Macklin and Wilkie all struggled to maintain staffing in their services and did experience an increase in out-of-service time.

Recruitment efforts are continuing for casual on-call staff. First Responder and Emergency Medical Responder (EMR) courses are being offered regularly in the region. The education program for staff has recently been re-designed to provide additional opportunities for training in or near their home communities, reducing the amount of travel required to maintain their practicing license while enhancing the quality of the education provided.

Bursaries were provided for staff upgrading from Primary Care Paramedic (PCP) 2001 to PCP 2011 and for a couple of staff who are completing their Advanced Care Paramedic (ACP) training. Education leave of absences were approved for a few staff that are attending college to obtain their ACP training.

All vacant EMS positions are posted on Gateway On-Line as well as a collection of websites for health care workers looking for employment. The Saskatchewan Emergency Medical Services Association (SEMSA) website and Saskatchewan College of Paramedics (SCoP) website job postings boards are also used and have been helpful in filling some vacancies in our region.

Table 9: Out of Service Times by EMS Service 2011-2012 to 2014-2015

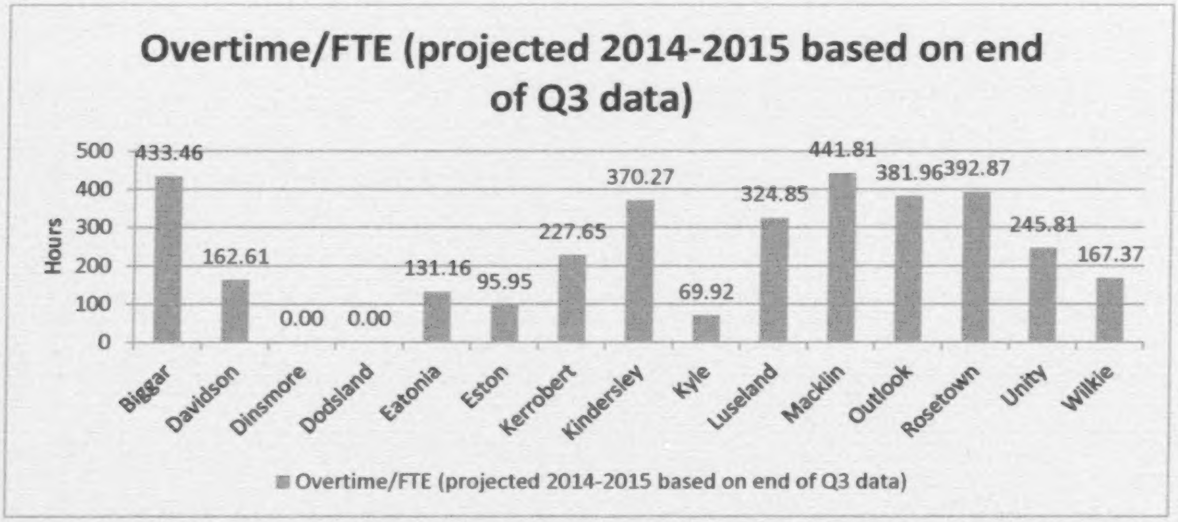
EMS Site	2011-2012	2012-2013	2013-2014	2014-2015
Beechy				
Biggar	17	23	20	8
Davidson	19	17	14	11
Dinsmore	6	12	33	66
Dodsland	2	1	8	42
Eatonia	59	57	61	134
Elrose				
Eston	17	12	14	14
Kerrobert	24	29	23	28
Kindersley	1	1	0	5
Kyle	17	9	14	39
Luseland	83	111	151	275
Macklin	101	126	55	87
Outlook	8	15	13	9
Rosetown	44	36	34	21
Unity	15	26	24	13
Wilkie	84	51	145	240
Total	**497**	**526**	**609**	**992**

Listed in Days of Out of Service

Overtime

EMS overtime continues to climb. Overtime can have detrimental effects on staff, leading to burnout, safety concerns, job dissatisfaction, stress and other negative health issues. EMS staff are often required to work additional hours and or/days to provide coverage. Overtime is generally a concern in the larger, busier EMS services.

Figure 51: Overtime Hours per FTE by EMS Service 2014-2015



Only two EMS services in our region do not exceed the provincial target of 24 hours of overtime/FTE. While it is understandable to have some overtime in EMS, the nature of the business is 24 hours a day and very unpredictable, it should be far less than what we are currently experiencing. Staffing models need to be developed that limit the overtime potential for EMS staff working in the rotations. Recruitment challenges with casual on-call positions, fewer staff responding to calls, out-of-services times increasing in some services necessitating neighboring services responding to calls in the community where the ambulance is out-of-service, bottlenecks in tertiary care and physician service disruptions all impact EMS and regularly result in call-back or overtime premiums.

2. Long Term Care

The Heartland Hoshin for Long Term Care (LTC) was linked to the Ministry of Health priority of Senior's Care. As part of that strategy, for the fiscal year of 2014-2015, the Ministry focused on seven Quality Indicators: residents with daily physical restraints; residents receiving antipsychotics without a diagnosis; residents whose pain worsened; residents with newly occurring stage 2 – 4 pressure ulcers; residents whose stage 2-4 pressure ulcers worsened and; residents whose bladder continence worsened and; residents who fell in the last 30 days. Data was obtained quarterly via Minimum Data Set (MDS) LTC client assessments with targets set that each LTC facility was to achieve.

Facilities that were above this target in each quarter were required to do a 'deeper dive' into the data and develop an improvement plan to address issues identified.

As a region, we did not meet the set targets for either daily physical restraints, or use of antipsychotics without a diagnosis. However, in both categories, we have seen improvement from the average of the previous fiscal year (see Table 12). Additionally, although we were below the target for the other Quality Indicators there was a slight increase from the previous year in new occurring pressure ulcers and falls. We will continue to use strategies to address improvements in these areas.

Table 10: Quality Indicators - Long Term Care

Quality Indicators	HHR Average 2013-2014	HHR Average 2014-2015	MoH Target 2014-2015
Daily Physical Restraints	28.3%	**25%**	11.1%
Antipsychotic Use	37.9%	**32.8%**	30.8%
Pain Worsened	7.18%	**6.5%**	10.9%
Pressure Ulcer Newly Occurring (stage 2-4)	1.95%	**2.22%**	2.7%
Pressure Ulcer Worsening (Stage 2-4)	2.5%	**2.125%**	2.9%
Bladder Continence Worsening	13.4%	**13.43%**	18.8%
Falls	10.75%	**11.45%**	13.3%

Secondly, through the fiscal year, a working group used improvement tools to review and revise the LTC Placement process. Areas for improvement work focused on the process of welcoming clients/families on move in day, monthly LTC regional placement meetings, Physician input into LTC assessment and the required forms. Results included:

- We have standardized work developed for welcoming clients/families into the facilities.
- There have been some changes of monthly regional placement meetings to twice monthly bed allocation meetings.
  - Meetings, in general, take less time as streamlined the discussions, reports and decision-making process.
- There has been a 53% reduction in the average wait time from request for placement to approval for admission.
- A Physician Referral Form has been developed to be used by physicians, as desired, as a direct communication tool with the Client Care Coordinators.
- Guidelines were developed and shared to Alternate Levels of Care beds (ALC).
- We have had some reduction in paperwork on moving-in day. Work needs to continue in this area for further reductions and to develop standard work.

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

ABBOTT	JEANETTE	82,084
ABBOTT	LYNDA	58,313
ADRIAN	LORI	51,946
ALEXANDER	KRISTA	102,490
ALLEN	GERALYN	60,236
AMES	EVELYN	91,515
AMY	VANESSA	77,084
ANDERSON	BRENDA	88,371
ANDERSON	LAURIE	82,083
ANDERSON	LEONA	60,988
ANDERSON	COLETTE	53,617
ANDREWS	WENDY	65,900
ANHOLT	VICTORIA	62,189
ANHOLT	GARY	52,521
ANHORN	PATRICIA	75,027
ANTONI	MONA	55,273
ANTUFEAFF	JOSEPH	52,570
ARNOTT	FRED	59,785
ARSENAULT	LEAH	84,061
ASKILDT	JAYNE	77,927
AYLWARD	PATRICIA	64,174
BACHMAN	JANET	73,032
BACHMAN	TAMMY	70,637
BAHM	ROXANNE	56,601
BAHM	STACY	53,217
BAILEY	MILDRED	53,484
BARKER	DOUGLAS	78,551
BARKER	BRENDA	50,040
BARTLETT	RHONDA	102,195
BASLER	CAROLYNE	75,464
BATALLONES	BONIFACIO	115,597
BATALLONES	WILLIAM	52,484
BAWA	ABISHA	61,794
BAXTER	JANINE	70,309
BAXTER	KIM	53,910
BAZLEY	RENAE	62,816
BEATON	VIVIAN	55,074
BECKER	CHRISTOPH	91,900
BECKER	ANIKA	72,525
BECKER	KIMBERLEY	58,578
BEESON	DOUGLAS	97,551
BENCHARSKI	MELISSA	54,072
BENNETT	DIANNE	51,346
BILAO	SARAH	112,133
BILLETT	JULIA	90,294
BLACKWELL	TAMMY	94,784
BLANCHETTE	DEBRA	107,194
BLANCHETTE	KRYSTLE	64,134
BLAZEK	AMANDA	57,427
BLODER	JANET	74,058
BLOSKY	ERIC	90,456
BLOSKY	NICHOLE	80,645
BODY	DAWNITA	53,397
BOEHM	SANDRA	52,122
BOHN	NOREEN	50,041
BOKITCH	ALLISON	96,078
BORDEN	SHARON	59,259
BORNE	RODNEY	84,797
BORNYK	VINCENT	102,328
BORS	BEV	52,409
BOSCH	STACEY	181,982
BOSCH	DONNA	56,783

BOSER/KELLY	DONNA	55,540
BOTHNER	CHARLOTTE	90,647
BOUCHER	COLLEEN	84,149
BOUTKAN	JOANNE	60,422
BOYCE	ZELLY	89,205
BOYLE	ALAN	95,480
BRAUN	GLENDA	55,404
BRENNER	RICHARD	98,353
BRENNER	SHARI	78,668
BREWER	DIANE	57,704
BRIDGEMAN	CELESTE	51,931
BRIGGS	DOREEN	51,916
BRIGHAM	WENDY	115,490
BROST	THERESA	84,133
BROWN	CORINNE	96,779
BROWN	WANDA	92,605
BROWN	SANDRA	50,050
BRUNET	BONNIE	59,282
BUCKTON	MICHELE	100,186
BUDD	JANELLE	91,398
BURTON	ERIN	78,110
BUSCHYNSKYI	RICK	66,527
BUTT	SHARON	75,999
BUYAN	RUDILITA	57,822
CALLSEN	DEANNA	61,382
CALWELL	KERRI	60,608
CAMBER	SUSAN	55,105
CAMPBELL	TRINA	87,484
CAMPBELL	DEANNE	72,679
CARPENTER	LAURIE	52,987
CATAMBING	MELCHOR	103,293
CHAN	ANN	64,984
CHARPENTIER	BARBARA	106,511
CHENEY	ALICIA	114,170
CHEYNE	JAMES	104,589
CHOLIN	MARIE	55,095
CLARK WATSON	GLENDA	89,611
COLLINS	BONNIE	71,086
COLLINS	TARA	59,368
COLLINS	DIANE	50,512
CONWAY	MICHELLE	93,870

COOK	SUZANNE	53,284
COOL	GLORIA	96,511
CORDES	SANDRA	67,710
COSSETTE	KIMBERLEY	95,660
COWELL	BARBARA	97,254
CRAIG	MICHELLE	88,425
CRANEY	LISA	79,254
CREIGHTON	LAURIE	96,578
CROSS	LINDSAY	85,323
CROSS	DONNA	54,635
CRUSE	SHIRLEY	54,408
CUMMINGS	GREGORY	275,770
CUPPLES	STEVEN	101,133
CUTLER	SHELLEY	77,018
DANYCHUK	SHELBIE	78,256
DAVID	LAURA	79,167
DAVIDSON	LEE ANN	130,810
DAVIDSON	JULIE	70,505
DE KLERK	LIZA	67,396
DEGENSTIEN	ROBERT	90,383
DEIBERT	KERRY	94,150
DELAINEY	CAMILLE	91,352
DEMOISSAC	LORRAINE	52,775
DENNISS	COLLEEN	51,167
DESROSIERS	WANDA	109,203
DESROSIERS	LEXI	61,146
DIDYK	DANIELLE	54,797
DIEHL	ERIN	76,555
DILLO	MARIA CHE	53,140
DOLEGA-CIESZKOWS	JADWIGA	75,053
DORNSTAUDER	DAVID	64,064
DOROWICZ	JENNIFER	79,477
DRURY	JANICE	53,536
DUBRAY	DONNA	51,232
DUNN	BONNIE	73,760
DUPUIS	JO-ANN	109,304
DURETTE	BONNIE	52,606
DYCK	KAREN	66,921
EAST	AUDRA	77,677
EDBOM	ROBERT	107,830
ELLIOTT	LINDA	50,182

ELLIS	KAYLIE	73,360
ELLIS	KILEY	58,890
ESCORPISO	EMELDA	57,333
ESCORPISO	MARK	50,877
ETSELL MCLEOD	ELAINE	89,488
EYOLFSON	JILL E	59,162
FAGNOU	JULIA	63,183
FERGUSON	DEBBIE	56,280
FISHER	MARY PAT	94,304
FLYNN	RENEE	77,003
FORSBERG	NINA	79,464
FORSYTH	SHARON	105,571
FORTIN	CORALEE	105,325
FORTIN	CHERYL	67,562
FOSTEY	AMBER	74,281
FOWLER	BLAIRE	75,406
FRANKO	JANELLE	61,891
FRERICHS	JENNIFER	93,995
FRIESEN	REIZAH	99,668
FRIESEN	PERRY	75,417
FROYSTAD	LISA	65,714
FULLER	SHELLY	50,255
FUNK	MARGARET	56,369
GAFF	JO ANN	87,304
GARRETT	LAURIE	50,171
GARTNER	DIANE	83,151
GARTNER	ELSIE	62,757
GARTNER	AMANDA	51,639
GEORGE	DOREEN	95,126
GEREIN	JACQUELIN	86,708
GEREIN	NICOLE	83,853
GEREIN	BROOKE	79,039
GERSTNER	LISA	71,984
GIBSON	JILLIAN	51,439
GLASSFORD	CARRIE	122,566
GOMEZ	JESNA	81,624
GOPINATHAN PILLA	RAHUL	78,618
GORDON	ARLENE	52,663
GOTTFRIED	KIERRA	58,282
GRYBA	ASHLEY	90,588
GURNEY	KRISTA	79,495

GUTTING	ANDRIA	77,153
HABERMEHL	PATRICIA	79,415
HADUIK	CONNIE	84,105
HALDE	SERGE	91,742
HAMM	AUDREY	119,702
HARDENNE	LINDA	54,802
HARRABEK	NATASHA	54,314
HARROD	KRYSTAL	82,588
HARTEMINK	DEBBIE	55,613
HARTSOOK	CORALIE	98,347
HAUBRICH	KATRINA	57,243
HAUG	BEVERLY	65,939
HAUGEN	KIRSTI	64,613
HAWKINS	ERIN	92,457
HAYES	BRENT	123,793
HEALEY	COLLEEN	101,314
HEALEY	SHERRI	93,759
HEIDT	TRACY	97,176
HEILMAN	AUDRY	67,720
HEINTZ	TWILLA	56,700
HELGASON	DANIELLE	73,592
HENDERSON	REBECCA	61,883
HERLE	ERICA	56,540
HESS	ERIN	53,326
HIEBERT	ELIZABETH	90,495
HILL	CAROL	122,462
HILL	LILLIANE	54,649
HILSENDAGER	CRAIG	71,101
HINTHER	CATHY	103,903
HODGINS	SANDRA	88,599
HODGINS	JANELLE	88,558
HODGINS	MEGAN	50,195
HOEHN	CAROL	90,697
HOFFMAN	LORNA	89,436
HOFFMAN	SARAH	51,492
HOGAN	KAREEN	72,747
HOLTON	IAN	105,155
HOPKINS	CATHY	51,644
HOPKINS	KAYLA	50,644
HORN	VIRGINIA	100,711
HUBER	VANESSA	78,529

HUBER	CAROL	58,961
HUCKER	GEORGE	100,942
HUSNIK	ALEXADER	56,814
IGBEKOYI	RUTH	53,509
INGVARDSEN	BETTY	52,144
IRELAND	SCHARLENE	99,371
IRELAND	TRACY	74,467
ISMOND	KRISTEN	81,371
IWEGBU	NWANDO	86,777
JACKSON	LINDSAY	51,929
JACOBSEN	LUCILLE	55,915
JAMES	CARLA	66,188
JANHUNEN	MARISA	59,457
JANZEN	DOREEN	129,683
JOHB	LAUREN	67,413
JOHNSON	KATHRYN	77,727
JONES	KATHLEEN	95,514
JOSEPH	NIMISHA	84,084
JOY	SABIN	91,496
JUKES	JACKALYN	66,835
KAHNAPACE	SALLY	82,287
KAMMER	KAREN	54,803
KANGAS	CYNTHIA	52,504
KAPELL	KEVIN	76,460
KAUTH	MONICA	51,357
KEMBEL	KELLEY	104,539
KERNOHAN	BEVERLY	93,761
KING	RYAN	77,363
KING	HELENA	51,443
KIRKNESS	BRIAN	59,848
KISSICK	KAREN	81,796
KLEIN	BRIANNE	81,366
KNORR	NANCY	95,365
KNORR	GLORIA	76,568
KNORR	ALLISON	60,012
KOHLMAN	LYNDA	51,148
KOKESCH	MEGAN	94,170
KOLESNIK	MONICA	108,376
KON	LEONA	62,980
KOOP	CAROLYN J	95,182
KREKOSKI	GAIL	79,013
KRONBERG	DIANE	81,138
KRUESEL	FAYE	57,128
KUNTZ	SYLVIA	89,013
KURULAK-MILNE	DEBORAH	117,399
LANGAGER	JUDY	81,671
LARSON	CAROL	67,532
LEGROW	WENDY	94,687
LEITH	MARLENE	58,458
LENZ	TRACY	72,484
LEUSCHEN	SCOTT	56,238
LEWIS	COURTNEY	64,723
LILBURN	CHRISTINE	120,818
LINDBERG	LORRAINE	120,462
LINDMAN	ROBERTA	51,752
LOITZ	TERRIE	76,584
LONGTIN	CATHY	97,164
LONGWORTH	MICHELLE	63,306
LYPKA	BARBARA	50,593
MABBETT	LANA	76,482
MACKERACHER	DEBBIE	71,958
MACRAE	JOAN	69,687
MAGNUS	MARILYN	77,397
MAHARAJ	SUBHAS	92,320
MALCOLM	ANGELA	75,577
MANN	WENDY	50,143
MARCHUK	ANDREA	80,475
MARTENS	KRISTA	64,080
MARTIN	MONANNE	69,337
MARTIN	SHERRY	56,666
MARTIN	ANGELA	53,099
MASSEY	PATSY	71,719
MASSIE	LESLEY	89,246
MATHERS	ALISON	51,996
MATHEW	JIMMY	118,656
MATHEWSON	LINDA	51,038
MATZNER	KATHERINE	50,572
MAY	CARLA	65,283
MCADAM	CALI	58,035
MCBRIDE	JANELLE	81,482
MCCANN	CARMEN	57,178
MCCORMICK	ANN	75,994

MCDONALD	JANETTE	50,692
MCINTOSH	MARY	57,159
MCIVOR	JILLIAN	68,617
MCLACHLAN	JANICE	72,395
MCLEOD	ROSEMARY	70,185
MCMASTER	JENNIFER	74,970
MCNICHOL	THEA	55,828
MENSSA	DEBBIE	54,244
MERKEL	GORDON	100,818
MESCHISHNICK	MICHELLE	53,210
MEYER	NORMA	82,323
MEYER	JENNIFER	81,730
MILLER	E RUTH	121,529
MILLER	KATHY	80,190
MILLER	NICOLE	77,020
MILLER	SANDRA	58,286
MILTON	DEBBIE	100,063
MINCHIN	NATALIE	79,719
MITCHELL	BRENDA	77,339
MOEBIS	DONNA	50,595
MOEN	SANDRA	61,800
MOFFAT	TIFFANY	52,722
MOFOLASAYO	OLAWUNMI	94,447
MOLNAR	CHERYL	55,006
MONTELE	NICOLE	53,606
MOORE	SUSAN	91,568
MOORE	BRENDA	71,294
MORESIDE	DIANNE	74,874
MORESIDE	KAREN	51,852
MORO	BREANNE	52,751
MORRILL	MICHEAL	118,140
MORTON	KELSEY	75,069
MOURRE	LILLIAN	57,860
MUNRO	JEANNIE	182,379
MURDOCH	ASHLEY	64,680
NAGY	KATELYN	62,293
NASH	JOCELYN	79,466
NATSKE	JACQUELIN	53,784
NEGI	VISHAL	51,790
NELSON	SHELLY	72,347
NEUMEIER	MICHELLE	62,207

NEWTON	KIRSTEN L	66,524
NICKEL	MELVIN	71,085
NISBET	CARA	105,571
NODWELL	CARLA	72,117
OLSON	PATRICIA	65,029
OLSON	SHERRYL	62,984
OMNESS	LESLIE A	55,463
ORTON	SHEILA	51,453
PAJUNEN	SHEILA	181,984
PALMIER	SHANNON	90,077
PANGMAN	AMANDA	96,196
PAPROSKI	LEANNE	82,884
PARK	GLORIA	104,530
PARKINSON	SHIRLEY	59,702
PENNINGTON	MELANIE	75,306
PERKINS	CRYSTAL	62,982
PETRIE	DENISE	52,738
PHILLIPS	LISA	111,738
PIERREPONT	WAYNE	120,481
POITRAS	CHARMAINE	85,935
POKOLM	DELLA	52,935
POOLE	ALICIA	62,088
PREISS	JENNIFER	55,699
PRESCOTT	LANA	84,114
PRINCE	JOHN	77,384
RANKIN	ANNE	59,839
RAPADAS-ESCHER	RAQUEL	77,361
REDDEN	DEBBIE	70,650
REINIGER	AMY	81,138
REMESHYLO	KRISTA	165,918
RENWICK	DEBBI	60,209
RESCHNY	TANIS	65,927
RETZLEFF	TRUDY	54,804
RHODES	CAROL	72,057
RIENDEAU	GAYLE	228,868
RINGROSE	CATHY	120,265
RISSLING	IRENE	58,078
RITCHIE	DAWN	75,425
RITTER	MONICA	54,714
RITTINGER	MARLENE	57,358
RITZ	SUSAN	58,596

ROBERTSON	FAY	54,047
ROBILLARD	RYAN	73,319
ROBINSON	WARREN	69,509
ROBSON	SHELLY	65,584
RODGERS	MARILYN	105,357
ROGERS	LEN	51,270
ROLSTON	MELISSA	50,865
ROSZELL	JOAN	74,625
ROUSE	JANICE	85,163
SAATHOFF	KARYN	56,050
SALEWSKI	DANA	65,057
SARICH	MARIANNE	52,592
SAROYE	ARCHANA	102,601
SATTELMEIER	YVONNE	50,542
SCHAFER	CLAREEN	87,627
SCHELL	WANDA	53,849
SCHIMPF	JOANNE	78,191
SCHMALZ	DEANNE	81,923
SCHMALZBAUER	CANDACE	63,403
SCHMIEDGE	ADRIAN	100,829
SCHMIT	JAMES	63,961
SCHOLER	BRENDA	124,286
SCHURMAN	JANICE	56,206
SCHWAB	MICHELLE	72,759
SCHWAB	EVA	61,535
SENKO	VICTORIA	94,759
SERFAS	KAREN	116,028
SHAVER	JOHN-MICH	70,161
SHEPHERD	JENNIFER	68,342
SIBLEY	TANISLEI	76,785
SILLJER	KRISTAL	55,073
SIMONSON	LORI	93,391
SIMONSON	LYNNE	75,409
SIMONSON	SUSAN	72,624
SIMONSON	CORLYSS	51,986
SINCLAIR	AGNES	93,353
SITTLER	NICHOLE	52,740
SMITH	DARLENE	91,432
SMITH	SANDY	83,438
SMITH	CHERYL	71,777
SMITH	SHERI	53,091

SNIDER	HEATHER	87,167
SPERLE	NOLA	93,695
SPERLE	JOAN	52,325
SPIGOTT	SHARON	77,047
STABBLER	KARI	103,723
STANJEK	DONNA	68,774
STANLEY	LEESA	120,027
STEVENS	DEBORA	81,263
STEWART	WILLIAM	73,870
STEWART	ELKE	56,121
STOPANSKI	VALERIE	82,856
STOREY	CRYSTAL	75,580
STRATTON	CARLA	55,818
STRUTT	AMBER	61,349
SUCHAN	AMY	80,612
SUMNER	MELINDA	63,236
SURBER	KAREN	52,416
SUTHERLAND	RENA	92,506
SWAN	KRISTIN	52,811
SWEET	CHERYL	53,895
SWEITZER	HANNAH	69,050
TABADURA	JOY	50,129
TADENA	MARIA	54,263
TAMBOLERO	BOOTS	98,496
TAYLOR	MEGAN	66,870
TAYLOR	JANELLE	55,186
TERNES	DALE	105,672
THIESSEN	SHERI	60,015
THOMSON	KARI	55,267
THURSTAN	SHAWNA	93,264
TIMMERMANS	LISA	51,347
TOLLEFSON	CHRISTINE	83,317
TORRANCE	CAROLYN	77,478
TROTCHIE	SHELLEY	59,154
TRUMBLEY	BETTYANN	105,628
TUCKER	JAYLEEN	52,495
TURNER	MARLA	54,561
VALEN	BRENDA	63,119
VAN DYK	ANDREW	85,555
VAN SEGGELEN	DEBRAH	60,324
VANDERZWAAG	GLORIA	99,349

VANTHUYNE	MARLENE	98,297
VARGHESE	LEGI	91,837
VELASCO	GENEVIEVE	50,305
VERONELLY	YVONNE	122,182
VOLK	DONALD	73,386
VOLK	TRACY	66,716
VOLK	KATRINA	55,429
WAGNER	LESLIEANN	96,211
WALKER	EVELYN	71,176
WALL	HAROLD	67,106
WARKENTIN	SHERI	73,419
WARREN	LYNNE	118,272
WARRINGTON	CHANTAL	65,926
WASKO LACEY	LINDA	66,116
WEBER	DAWN	88,457
WEBSTER	JAMES	82,959
WELLS	BONNIE	87,336
WELLS	STACEY	56,198
WENDT	ADRIENNE	66,883

WENZEL	KRISTENE	82,405
WESTBURY	THERESA	76,472
WESTON	MARLENE	120,555
WHITEFORD	MARILYN	61,138
WIEBE	DIANNE	89,606
WIEBE	ADRIANE	56,187
WIENS	CHRISTINE	104,120
WIENS	LAURIE	72,678
WILDEMAN	BERNIE	98,498
WILDEMAN	SHEILA	51,700
WILSON	DIANNE	86,225
WINNY	JOANNE	79,029
WIPF	JODY	56,486
YLIOJA	ROGER	71,161
YOUNG	LAURIE	61,864
ZINCK	KYLI	52,720
ZLATNIK	KERRI	76,838
ZOLLER	SHARLENE	65,402

Payee Disclosure List: Transfers	
Listed, by program, are transfers to recipients who received $50,000 or more.	
BRIDGEPOINT	581,141
INDIVIDUALIZED HOME CARE FUNDING	189,869
ST. JOSEPH'S HEALTH CENTRE	2,248,060
Payee Disclosure List: Supplier Payments	
Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.	
3S HEALTH	482,400
ARI FINANCIAL SERVICES T46163	756,020
ARJOHUNTLEIGH CANADA INC	69,200
ASSOC. RADIOLOGISTS OF S'TOON	286,529
BECKMAN COULTER CANADA LP	143,133
BEECHY DEMAINE EMERGENCY SERVICES	121,328
CARDINAL HEALTH CANADA INC.	528,856
CDW CANADA	95,549
CENTURY ROOFING & SHEET METAL LTD	181,504
CREDIT UNION CREDIT MASTERCARD	75,065
CRESTLINE COACH LTD.	81,432
CYPRESS HEALTH REGION	82,144
DEPARTMENT OF PROPERTY MANAGEMENT	233,368
DR. AMRISH RAMIAH	298,901
DR. D. TORR	173,680
DR. FRANKLIN IGBEKOYI OLAWALE	306,808
DR. IDALBERTO JIMENEZ-GUERRA	87,093
DR. PETER KAPUSTA MEDICAL PC INC	85,456
DR. JC COOPER	360,055
DR. LYLE WILLIAMS	150,000
DR. PRINCE MANZINI	95,143
DR.BOYLALE JULES BOFOYA	295,674
EATONIA OASIS LIVING INC.	109,750
ECOLAB INSTITUTIONAL DIVISION	77,463
EHEALTH SASKATCHEWAN	110,513
ELLISDON CORPORATION	6,687,783
FLAWLESS FLOORING SERVICES	121,250
FRIESEN TOKAR ARCHITECTS	151,326
GRAND & TOY	193,942
GREAT WEST LIFE ASSURANCE CO	412,293
HILL-ROM CANADA LTD.	467,743
HIROC INSURANCE SERVICES LIMITED	76,506
HOSPIRA HEALTHCARE CORPORATION	196,756

INSTRUMENTATION LABORATORY CANADA	129,285
JOHNSON & JOHNSON	71,974
KCI MEDICAL CANADA INC.	79,463
KPMG	58,300
LESLIE JARDINE	67,749
LOOMIS EXPRESS, A DVI OF TFI TRANSPORT	52,382
LUK PLUMBING & HEATING	61,693
M.D. AMBULANCE & CARE LTD	119,921
MARSH CANADA LTD	182,111
MCKESSON CANADA	131,762
MCKESSON DISTRIBUTION PARTNERS	97,083
MILLER THOMSON LLP	57,263
MINISTRY OF GOVERNMENT SERVICES (SPMC)	235,748
NEVE, ART (ESTATE OF)	51,120
NORTH SASK LAUNDRY	510,445
ORTHO CLINICAL DIAGNOSTICS CANADA HOLDING CORPORATION	348,100
PHYSIO CONTROL CANADA SALES LTD.C/O. T11076C	53,136
PLAINSMAN HVAC-R LTD	313,077
PRAIRIE NORTH HEALTH REGION	100,180
PROVINCIAL PUBLIC SAFETY TELECOMMUNICATION NETWORK	98,143
PUBLIC EMPLOYEE PENSION PLAN	86,004
QUADRANT	55,257
QUOREX CONSTRUCTION	2,261,288
RCDP / CPDN	135,476
ROCHE DIAGNOSTICS	126,728
SAPUTO DAIRY PRODUCTS CANADA G.P.	122,797
SASKATCHEWAN ENERGY CORP	809,472
SASKATCHEWAN HOUSING AUTHORITY	308,635
SASKATCHEWAN POWER CORPORATION	938,387
SASKATCHEWAN REG. NURSES ASSOC	138,763
SASKATCHEWAN TELECOMMUNICATIONS	447,024
SASKATOON HEALTH REGION	53,224
SCHAAN HEALTHCARE PRODUCTS	711,291
SELECT MEDICAL CONNECTIONS LTD.	70,806
SGI CANADA INSURANCE SERVICES LTD	112,182
SIMPLEX/GRINNELL	131,468
SOFTCHOICE LP	92,932
STERIS CANADA INC.	68,942
STRYKER CANADA	96,600
SYSCO FOOD SERVICES	1,299,834
TARNES ELECTRIC LTD	57,779
THE STEVENS COMPANY LTD	112,849

TOWN OF KINDERSLEY	68,002
TRADE WEST EQUIPMENT LTD	115,929
VCM CONSTRUCTION LTD	145,315
VITAL AIRE	128,376
WALLACE, WILDA	60,827
WBM OFFICE SYSTEMS	78,649
WESTERN MANAGEMENT CONSULTANTS	126,916
WMCZ LAWYERS	128,515
WOOD WYANT INC	187,327

Payee Disclosure List: Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

3s HEALTH - DENTAL PLAN	728,556
3s HEALTH - DISABILITY INCOME PLAN	662,764
3S HEALTH - ENHANCED DENTAL/ EXTENDED HEALTH PLAN	1,732,213
CRA- CANADA PENSION PLAN	2,597,063
CRA- EMPLOYMENT INSURANCE	1,313,557
HEALTH SCIENCES ASSOC OF SASKATCHEWAN	106,682
SASKATCHEWAN HEALTH CARE EMPLOYEE'S PENSION PLAN	5,080,739
SASKATCHEWAN UNION OF NURSES	272,581
SASKATCHEWAN WORKER'S COMPENSATION BOARD	1,192,809
SEIU	618,704

Management Report

Heartland Health Region

June 12, 2015

The accompanying financial statements are the responsibility of management and have been approved by the Heartland Regional Health Authority. The financial statements have been prepared by management and, except as explained below, are presented fairly in accordance with Canadian public sector accounting standards. The financial statements reflect management's best estimates and judgments based on currently available information.

During 2013, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Finance, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards. Had the Authority accounted for the full cost of the capital projects, capital fund revenue from the Ministry of Health for the year ended March 31, 2015 would have increased by $1,710,679 (2014 - $15,743,688). On a cumulative basis, an increase in construction in progress of $33,614,395 (2014 - $27,694,026), and a corresponding increase in externally restricted fund balances of $33,614,395 (2014 - $31,903,716) would be required in the statement of financial position as at March 31, 2015.

Management is also responsible for the existence of an appropriate information system, procedures and controls to ensure that the information used by management internally and disclosed externally is complete and reliable. In addition, management is responsible for establishing and maintaining an adequate system of internal control to provide reasonable assurance that the financial records provide relevant, reliable and accurate information and assets are safeguarded.

The Authority is responsible for ensuring that management fulfills its responsibility for internal control and financial reporting. The Authority exercises this responsibility through the Audit Committee. This committee meets with management and the external auditor to satisfy itself that management has properly performed its financial reporting responsibilities and to review the financial statements before they are presented to the Authority for approval. These financial statements have been approved by the Authority as recommended by the Audit Committee.

KPMG LLP, an independent firm of Chartered Accountants, has been engaged to examine the financial statements and provide their independent auditors' report thereon. Their report is presented below.

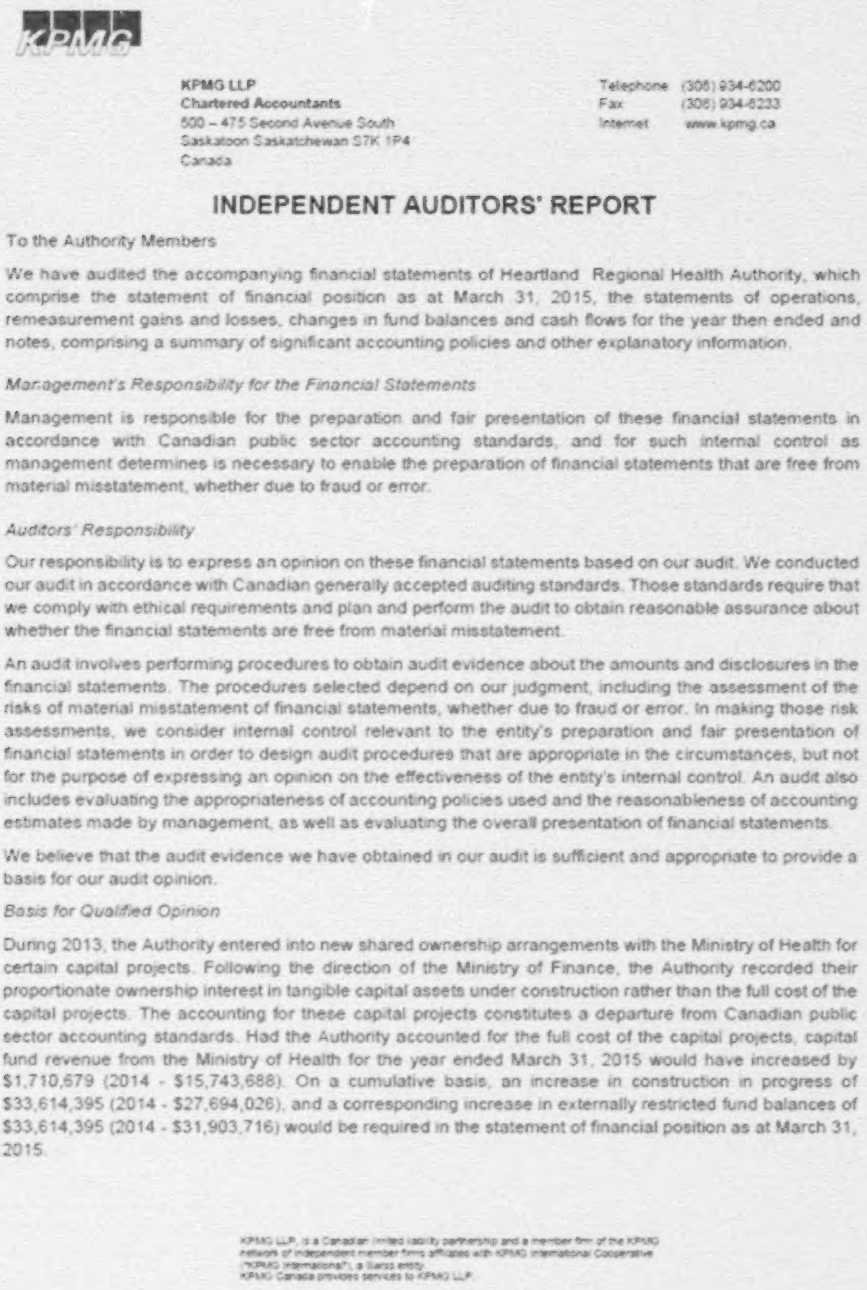
Greg Cummings
Chief Executive Officer

Stacey Bosch
VP of Corporate Services

Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2015



KPMG LLP
Chartered Accountants
500 – 475 Second Avenue South
Saskatoon Saskatchewan S7K 1P4
Canada

Telephone (306) 934-6200
Fax (306) 934-6233
Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Authority Members

We have audited the accompanying financial statements of Heartland Regional Health Authority, which comprise the statement of financial position as at March 31, 2015, the statements of operations, remeasurement gains and losses, changes in fund balances and cash flows for the year then ended and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

During 2013, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Finance, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards. Had the Authority accounted for the full cost of the capital projects, capital fund revenue from the Ministry of Health for the year ended March 31, 2015 would have increased by $1,710,679 (2014 - $15,743,688). On a cumulative basis, an increase in construction in progress of $33,614,395 (2014 - $27,694,026), and a corresponding increase in externally restricted fund balances of $33,614,395 (2014 - $31,903,716) would be required in the statement of financial position as at March 31, 2015.

KPMG LLP, is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.
KPMG Canada provides services to KPMG LLP.

Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Heartland Regional Health Authority as at March 31, 2015, its results of operations, its remeasurement gains and losses, its changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Accountants

May 19, 2015
Saskatoon, Canada

Statement 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

March 31, 2015, with comparative information for 2014

	Operating Fund	Restricted Fund	Total March 31, 2015	Total March 31, 2014
ASSETS				
Current assets				
Cash and short-term investments (Schedule 2)	$ 7,590,055	$ 4,831,073	$ 12,421,128	$ 21,198,405
Accounts receivable				
Ministry of Health - General Revenue Fund	84,845	417,109	501,954	151,152
Other	916,579	1,152,385	2,068,964	2,519,177
Inventory	1,413,559	-	1,413,559	1,399,363
Prepaid expenses	524,530	-	524,530	478,540
	10,529,568	6,400,567	16,930,135	25,746,637
Investments (Schedule 2)	4,255,204	1,253,496	5,508,700	3,329,395
Capital assets (Note 3)	-	65,202,460	65,202,460	62,667,204
Total Assets	$ 14,784,772	$ 72,856,523	$ 87,641,295	$ 91,743,236
LIABILITIES AND FUND BALANCES				
Current liabilities				
Accounts payable	$ 1,472,363	$ 1,604,188	$ 3,076,551	$ 7,578,964
Accrued salaries	3,477,617	-	3,477,617	4,838,638
Vacation payable	6,645,353	-	6,645,353	6,477,671
Mortgages payable – Current (Note 5)	-	487,355	487,355	513,218
Long term debt - Current (Note 6)	-	104,319	104,319	52,044
Deferred revenue (Note 7)	1,493,368	-	1,493,368	1,529,250
	13,088,701	2,195,862	15,284,563	20,989,785
Long term liabilities				
Mortgages payable (Note 5)	-	3,164,585	3,164,585	3,960,542
Long term debt (Note 6)	-	995,120	995,120	858,791
Employee future benefits (Note 11)	3,033,800	-	3,033,800	3,057,400
Total Liabilities	16,122,501	6,355,567	22,478,068	28,866,518
Fund Balances:				
Invested in capital assets	-	60,451,081	60,451,081	57,282,609
Externally restricted (Schedule 3)	-	3,432,873	3,432,873	4,539,411
Internally restricted (Schedule 4)	-	2,617,002	2,617,002	2,416,026
Unrestricted deficit	(1,337,729)	-	(1,337,729)	(1,361,328)
Fund balances (Statement 4)	(1,337,729)	66,500,956	65,163,227	62,876,718
Total Liabilities & Fund Balances	$ 14,784,772	$ 72,856,523	$ 87,641,295	$ 91,743,236

Contractual Obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Statement 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations

Year ended March 31, 2015, with comparative information for 2014

	Operating Fund			Restricted Fund	
	Budget 2015 (Note 12)	2015	2014	2015	2014
REVENUES					
Ministry of Health - general	$ 92,087,023	$ 92,133,204	$ 90,488,325	$ 828,744	$ 5,149,756
Other provincial	256,179	246,541	284,278	206,047	261,560
Federal government	-	719	540	-	-
Patient & client fees	9,295,719	9,617,115	9,346,413	-	-
Out of province (reciprocal)	561,000	768,683	682,721	-	-
Out of country	13,500	39,282	17,779	-	-
Donations	-	63,959	50,473	3,839,479	6,106,253
Ancillary	199,160	209,950	202,547	-	-
Investment	185,000	214,153	210,482	107,219	108,384
Recoveries	839,085	1,102,481	1,088,721	-	-
Other	182,358	248,982	468,076	82,474	14,386
Total revenues	**103,619,024**	**104,645,069**	**102,840,355**	**5,063,963**	**11,640,339**
EXPENSES					
Inpatient & resident services					
Nursing administration	4,668,303	4,625,576	4,318,559	-	-
Acute	6,145,420	6,426,640	6,611,993	154,146	157,945
Supportive	9,177,212	9,550,959	8,805,641	53,841	85,229
Integrated	22,016,902	22,303,561	22,508,772	3,860,671	3,505,247
Total inpatient & resident services	**42,007,837**	**42,906,736**	**42,244,965**	**4,068,658**	**3,748,421**
Physician compensation	**2,537,272**	**2,434,390**	**1,897,284**	-	-
Ambulatory care services	**336,548**	**186,305**	**161,807**	-	-
Diagnostic & therapeutic services	**9,740,392**	**9,224,874**	**9,586,487**	-	-
Community health services					
Primary health care	1,223,230	1,232,602	1,190,228	3,407	3,408
Home care	7,249,684	7,290,965	7,135,700	29,327	29,408
Mental health & addictions	3,639,223	3,051,230	3,330,256	-	-
Population health	3,379,848	3,289,119	3,265,413	3,452	3,313
Emergency response services	5,223,081	5,465,129	4,992,002	340,256	308,602
Other community services	413,314	450,322	397,286	-	-
Total community health services	**21,128,380**	**20,779,367**	**20,310,885**	**376,442**	**344,731**
Support services					
Program support	6,490,298	6,639,377	6,656,685	45,299	61,419
Operational support	19,900,634	20,085,948	19,820,648	-	-
Other support	412,136	489,941	403,002	-	-
Employee future benefits	(23,600)	(23,600)	(66,400)	-	-
Total support services	**26,779,468**	**27,191,666**	**26,813,935**	**45,299**	**61,419**
Ancillary	208,755	208,786	205,095	-	-
Total expenses (Schedule 1)	**102,738,652**	**102,932,124**	**101,220,458**	**4,490,399**	**4,154,571**
Excess of revenues over expenses	**$ 880,372**	**$ 1,712,945**	**$ 1,619,897**	**$ 573,564**	**$ 7,485,768**

The accompanying notes and schedules are part of these financial statements.

Statement 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Remeasurement Gains and Losses

Year ended March 31, 2015

	2015	2014
Accumulated remeasurement gains, beginning of year	$ -	$ -
Unrealized gains (losses) attributed to:		
Investments (Note 2, Schedule 2)	-	-
Realized gains (losses), reclassified to statement of operations:		
Investments (Note 2, Schedule 2)		
Designated fair value	-	-
Equity instruments	-	-
	-	-
Net remeasurement gains (losses) for the year	-	-
Accumulated remeasurement gains (losses), end of year	-	-

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

Year ended March 31, 2015, with comparative information for 2014

2015		Operating Fund		Restricted Fund		Total 2015
Fund balance, beginning of year	$	(1,361,328)	$	64,238,046	$	62,876,718
Excess of revenues over expenses		1,712,945		573,564		2,286,509
Interfund transfers (Note 14)		(1,689,346)		1,689,346		-
Fund balance, end of year	$	(1,337,729)	$	66,500,956	$	65,163,227

2014		Operating Fund		Restricted Fund		Total 2014
Fund balance, beginning of year	$	(1,427,728)	$	55,198,781	$	53,771,053
Excess of revenues over expenses		1,619,897		7,485,768		9,105,665
Interfund transfers (Note 14)		(1,553,497)		1,553,497		-
Fund balance, end of year	$	(1,361,328)	$	64,238,046	$	62,876,718

The accompanying notes and schedules are part of these financial statements

Statement 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flow

Year ended March 31, 2015, with comparative information for 2014

	Operating Fund		Restricted Fund	
	2015	2014	2015	2014
Cash provided by (used in):				
Operating activities:				
Excess of revenue over expenses	$ 1,712,945	$ 1,619,897	$ 573,564	$ 7,485,768
Net change in non-cash working capital (Note 8)	(1,396,855)	1,176,217	(4,295,554)	(1,789,288)
Employee future benefit expense (recovery)	(23,600)	(66,400)	-	-
Amortization of capital assets	-	-	4,278,596	3,896,587
(Gain) loss on disposal of capital assets	-	-	(4,500)	1,203
	292,490	2,729,714	552,106	9,594,270
Capital activities:				
Purchase of capital assets				
Buildings/construction	-	-	(5,394,162)	(13,893,078)
Land	-	-	-	(51,103)
Equipment	-	-	(1,419,690)	(957,690)
Proceeds on disposal of capital assets				
Equipment	-	-	4,500	-
	-	-	(6,809,352)	(14,901,871)
Investing activities:				
Redemption (purchase) of long-term investments	(1,724,006)	(766,556)	(455,299)	296,087
	(1,724,006)	(766,556)	(455,299)	296,087
Financing activities:				
Repayment of debt	-	-	(873,857)	(539,515)
Increase in capital leases	-	-	274,470	-
Repayment of capital leases	-	-	(33,829)	-
	-	-	(633,216)	(539,515)
Net increase (decrease) in cash & short term investments during the year	(1,431,516)	1,963,158	(7,345,761)	(5,551,029)
Cash & short term investments, beginning of year	10,710,917	10,301,256	10,487,488	14,485,020
Interfund transfers (Note 14)	(1,689,346)	(1,553,497)	1,689,346	1,553,497
Cash & short term investments, end of year (Schedule 2)	$ 7,590,055	$ 10,710,917	$ 4,831,073	$ 10,487,488

The accompanying notes and schedules are part of these financial statements.

---

1. Legislative Authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of The Act. The Heartland RHA is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

The RHA has also adopted section PS 3260, Liability for Contaminated Sites, as further explained in Note 17.

(a) Health Care Organizations (HCO)

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under *The Income Tax Act* of Canada:

- St. Joseph's Integrated Health Centre of Macklin Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

2. Significant Accounting Policies (continued)

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

2. Significant Accounting Policies (continued)

(d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Land Improvements	5 to 12.5%
Buildings	2.5 to 10%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

(e) Inventory

Inventory consists of general stores, medical and surgical, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

(f) Employee future benefits

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method. Actuarial gains and losses are amortized on a straight-line basis over the expected average remaining service life of the related employee groups.

2. Significant Accounting Policies (continued)

(g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in revenues or expenses in the period in which they become known.

(h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: i) fair value or ii) cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- Accounts receivable
- Short-term and long-term investments
- Accounts payable, accrued salaries and vacation payable
- Long-term debt
- Mortgages payable

The related debt premium or discount and transaction costs are included in the carrying value of financial instruments recorded at cost or amortized cost and are amortized into interest expense using the effective interest rate method.

As at March 31, 2015 the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives. All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement operations.

(i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Canada Mortgage and Housing Corporation (CMHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	Cost	Accumulated Amortization	2015 Net Book Value	2014 Net Book Value
Land	$ 377,548	$ -	$ 377,548	$ 377,548
Land Improvements	786,554	538,964	247,590	281,362
Buildings	97,087,021	49,633,105	47,453,916	24,749,642
Equipment	23,552,038	18,521,985	5,030,053	5,069,107
Construction in progress	12,093,353	-	12,093,353	32,189,545
	$ 133,896,514	$ 68,694,054	$ 65,202,460	$ 62,667,204

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2015, contractual obligations for the acquisition of capital assets were $522,816 (2014 - $4,424,881). The Ministry of Health has provided the RHA with funding to be used to construct two long term care facilities under shared-ownership between the Ministry and the RHA. As at March 31, 2015, cumulative funding of $35,912,530 (2014 - $34,397,716) has been provided for the construction of these facilities. The portion related to the Ministry's share of the project is $33,614,395 (2014 - $27,694,026) which is not reflected in these financial statements.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2016	$ 267,850
2017	266,890
2018	190,566
2019	12,201
2020	5,418

4. Contractual Obligations (continued)

c) Capital Leases

	2015			2014
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Ambulances under capital lease	274,470	33,829	240,641	-
Total	274,470	33,829	240,641	-

Assets under capital lease are included in capital assets in Note 3.

The ambulances are amortized on a straight-line basis over the economic life beginning in the year of acquisition.

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

Interest rate		3.57%
Expiry date		Aug 1, 2019
2016	$	62,199
2017		62,199
2018		62,199
2019		62,199
2020		20,745
Total minimum lease payments		**269,541**
Amount representing interest		28,900
Balance of the obligation		**240,641**
Less current portion		(62,199)
Long term portion		**178,442**

d) Asset Retirement Obligations

The RHA has identified asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2015 will continue to be contracted for the following fiscal year. Note 10 b) provides supplementary information on Health Care Organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2015	Balance Outstanding 2014
Heritage Manor, Kindersley- CMHC mortgage, due May 1, 2021	1.82%	$275,277 principal and interest. Mortgage renewal date - Sept 1, 2019	$1,522,906	$1,741,448
Golden Years Lodge, Elrose - CMHC mortgage due Aug 1, 2025	4.32%	$71,981 principal and interest of which $90,000 is subsidized by SHC yielding an effective interest rate of nil. Mortgage renewal date - Feb 1, 2016	603,769	648,838
Jubilee Lodge, Eston - CMHC mortgage due June 1, 2022	4.17%	$77,534 principal and interest of which $17,111 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Oct 1, 2015	484,952	541,161
Outlook & District Pioneer Home, Outlook - CMHC mortgage due Apr 1, 2021	4.69%	$58,742 principal and interest of which $15,700 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	310,775	353,960
Prairie Manor, Dinsmore - CMHC mortgage due Apr 1, 2022	4.69%	$42,704 principal and interest of which $11,775 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	257,340	287,326
LuckyLake & District, LuckyLake - CMHC mortgage due Oct 1, 2021	4.32%	$42,330 principal and interest of which $10,030 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Feb 1, 2016	242,336	273,556
Prairie View Lodge, Davidson - CMHC mortgage due Dec 1, 2020	2.11%	$42,477 principal and interest of which $473 is subsidized by SHC yielding and effective interest rate of 2.00%. Mortgage renewal date - Jan 1, 2019	229,862	267,083
Diamond Lodge Company Ltd, Biggar - CMHC mortgage	4.17%	Mortgage paid in full in 2014-15	-	360,368
			3,651,940	4,473,760
Less current portion			487,355	513,218
			$ 3,164,585	$ 3,960,542

5. Mortgages Payable (continued)

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2016	$ 487,355
2017	502,368
2018	517,670
2019	533,526
2020	549,957
2021 and subsequent	1,061,064
	$3,651,940

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2015	2014
Energy Performance Contract Toronto-Dominion Bank Due May 1, 2027	4.48%	$91,883 principal & interest. (Note 15)	$ 858,798	$ 910,835
Regional Ambulance Lease ARI Financial Services Inc. Due August 1, 2019	3.57%	$43,109 principal & interest. (Note 4c)	240,641	-
			1,099,439	910,835
Less current portion			104,319	52,044
			$ 995,120	$ 858,791

Principal repayments required in each of the next five years is estimated as follows:

2016	$ 104,319
2017	108,691
2018	113,260
2019	118,014
2020	84,044
2021 and subsequent	571,111
	$ 1,099,439

7. Deferred Revenue

As at March 31, 2015		Balance Beginning of Year		Less Amount Recognized		Add Amount Received		Balance End of Year
Sask Health Initiatives								
Primary Health Transition	$	6,822	$	6,622	$	-	$	-
Safety Training Initiative		11,464		-		-		11,464
Infection Control		69,719		51,713		-		18,006
Surgical Initiatives		208,034		31,212		-		176,822
Preventative Dental Services		26,400		-		63,262		89,662
Primary Care Redesign		39,204		18,125		-		21,079
Perioperative Nurse Training		31,870		29,349		-		2,521
Living the Dream and Talking to Youth		314		1,705		3,000		1,609
Long Term Care Urgent Issues Action Fund		452,394		408,701		-		43,693
Bursary		-		-		7,500		7,500
Compensation		-		-		393,916		393,916
Physicians		-		-		60,821		60,821
	$	846,021	$	547,427	$	528,499	$	827,093
Non Sask Health Initiatives								
Workplace Wellness	$	901	$	-	$	-	$	901
Evidence Based Decision Making Workshop		11,927		-		-		11,927
Kids First Program		76,370		94,510		76,135		57,995
Family & Students Together		23,911		4,005		-		19,906
Nursing Recruitment Funding		159,994		-		-		159,994
Community Inclusive Services and Support		4,859		-		21,632		26,491
Preventative Dental Services		30,176		2,060		-		28,116
Other		146,480		-		-		146,480
Grace Notes		839		67		-		772
Primary Care Redesign		81,014		15,986		-		65,028
Autism		127,104		20,096		-		107,008
Regional Intersectoral Committee		19,654		2,997		-		16,657
Bridgepoint Centre Inc		-		-		25,000		25,000
	$	683,229	$	139,721	$	122,767	$	666,275
Total Deferred Revenue	$	1,529,250	$	687,148	$	651,266	$	1,493,368

7. Deferred Revenue (continued)

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Health Transition	$ 6,622	$ -	$ -	$ 6,622
Safety Training Initiative	16,865	5,401	-	11,464
Public Health Immunizations	19,906	19,906	-	-
Infection Control	219,719	150,000	-	69,719
Surgical Initiatives	208,034	-	-	208,034
HIV Strategy	1,000	1,000	-	-
Preventative Dental Services	26,400	-	-	26,400
Primary Care Redesign	132,969	93,765	-	39,204
Perioperative Nurse Training	30,683	30,683	31,870	31,870
Locum Funding	44,568	44,568	-	-
Living the Dream and Talking to Youth	2,882	2,568	-	314
Long Term Care Urgent Issues Action Fund	-	-	452,394	452,394
	$ 709,648	$ 347,891	$ 484,264	$ 846,021
Non Sask Health Initiatives				
Workplace Wellness	$ 901	$ -	$ -	$ 901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Kids First Program	66,469	65,484	75,385	76,370
Family & Students Together	23,911	-	-	23,911
Nursing Recruitment Funding	159,994	-	-	159,994
LEAN	29,838	29,838	-	-
Falls and Injury Prevention	-	-	-	-
Community Inclusive Services and Support	24,563	19,704	-	4,859
Preventative Dental Services	37,455	7,279	-	30,176
Other	146,480	-	-	146,480
Grace Notes	882	43	-	839
Primary Care Redesign	100,000	18,986	-	81,014
Gateway Online	30,708	30,708	-	-
Beechy Clinic Rent	1,080	1,080	-	-
Ehealth Saskatchewan Transformation Fund	215,500	215,500	-	-
Autism	110,087	-	17,017	127,104
Regional Intersectoral Committee	16,337	1,892	5,209	19,654
	$ 976,132	$ 390,514	$ 97,611	$ 683,229
Total Deferred Revenue	$ 1,685,780	$ 738,405	$ 581,875	$ 1,529,250

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Fund	
	2015	2014	2015	2014
Accounts receivable	$ 46,070	$ 406,333	$ 53,341	$ 416,679
Inventory	(14,196)	(33,896)	-	-
Prepaid expenses	(45,990)	(12,901)	-	-
Accounts payable	(153,518)	(1,320,668)	(4,348,895)	(2,205,967)
Accrued salaries	(1,361,021)	2,024,261	-	-
Vacation payable	167,682	269,618	-	-
Deferred revenue	(35,882)	(156,530)	-	-
	$(1,396,855)	$ 1,176,217	$(4,295,554)	$(1,789,288)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2015 was $12,817 (2014 - $9,334). These amounts are not reflected in the financial statements.

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

10. Related Parties (continued)

	2015	2014
Revenues		
Ministry of Health	$ 92,961,948	$95,638,081
Saskatchewan Housing Corporation	206,047	261,560
Other	246,541	284,278
	$ 93,414,536	$96,183,919
Expenditures		
3sHealth	$ 482,400	$ 451,283
3sHealth Dental Plan	728,556	737,779
3sHealth Disability Plan	662,764	703,277
3sHealth Enhanced Dental/Extended Health Plan	1,732,213	1,645,084
Beechy Demaine Emergency Services	121,328	137,500
Bridgepoint Centre for Eating Disorders Inc.	581,141	581,141
Canadian Mental Health Association (Saskatchewan Division) Inc.	27,839	30,370
Cypress Regional Health Authority	82,144	66,322
Eatonia Oasis Living	109,750	119,257
Ehealth	110,513	113,719
Elrose Ambulance Service	13,498	13,498
Ministry of Central Services	235,748	844,426
North Sask Laundry	510,445	511,551
Other Regional Health Authorities	7,332	491
Prairie North Regional Health Authority	100,180	168,264
Prince Albert Parkland Health Region	-	1,196
Provincial Public Safety Telecommunications Network	98,143	80,264
Public Employees Pension Plan	40,737	44,458
Sask Energy Incorporated	809,472	1,056,181
Sask Power Corporation	938,387	816,329
Sask Workers' Compensation Board	1,192,809	1,074,798
Saskatchewan Finance	-	12,198
Saskatchewan Healthcare Employees' Pension Plan	5,080,739	4,679,059
Saskatchewan Telecommunications	447,024	595,165
Saskatoon Regional Health Authority	53,224	56,933
SGI Canada Insurance Services Ltd	112,182	6,512
	$ 14,278,568	$14,547,055

10. Related Parties (continued)

		2015		2014
Accounts Receivable				
Ministry of Health	$	501,954	$	151,152
SGI Canada Insurance Services Ltd		16,240		13,445
Saskatoon Regional Health Authority		1,741		696
Ehealth		-		-
Saskatchewan Worker's Compensation Board		32,165		33,571
St. Joseph's Integrated Health Centre of Macklin Inc.		1,371		-
	$	553,471	$	198,864
Prepaid Expenditures				
Saskatchewan Worker's Compensation Board	$	278,586	$	242,606
SGI Canada Insurance Services Ltd		34,592		4,606
	$	313,178	$	247,212
Accounts Payable				
3sHealth	$	21,282	$	74,852
3sHealth Dental Plan		63,600		63,842
3sHealth Disability Plan		100,022		-
3sHealth Enhanced Dental/Extended Health Plan		-		9,225
Cypress Regional Health Authority		12,527		11,948
Eatonia Oasis Living		349		408
Ehealth		19,363		27,511
Ministry of Central Services		16,806		91,774
Ministry of Health		-		4,209,690
North Sask Laundry		81,736		44,157
Prairie North Regional Health Authority		-		19,550
Prince Albert Parkland Health Region		-		1,000
Provincial Public Safety Telecommunications Network		21,252		2,049
Public Employees Pension Plan		2,579		3,412
Sask Energy Incorporated		-		152,516
Sask Ministry of Central Services		-		3,219
Sask Power Corporation		7,282		-
Saskatchewan Healthcare Employees' Pension Plan		1,337		-
Saskatchewan Telecommunications		87,891		208,030
Saskatoon Regional Health Authority		1,235		1,658
SGI Canada Insurance Services Ltd		30,569		-
St. Joseph's Integrated Health Centre of Macklin Inc.		1,500		1,125
	$	469,330	$	4,925,966

10. Related Parties (continued)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2015	2014
Bridgepoint Centre for Eating Disorders Inc.	$ 581,141	$ 581,141
Canadian Mental Health Association (Saskatchewan Division) Inc.	27,839	30,370
	$ 608,980	$ 611,511

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2015	2014
St. Joseph's Integrated Health Centre of Macklin Inc.	$ 2,248,060	$ 2,265,041
	$ 2,248,060	$ 2,265,041

10. Related Parties (continued)

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, 2015 and 2014.

		2015		2014
Statement of financial position:				
Assets	$	304,963	$	465,893
Net capital assets		2,183,263		2,319,013
	$	2,488,226	$	2,784,906
Total liabilities	$	360,252	$	403,170
Total fund balances		2,127,974		2,381,736
	$	2,488,226	$	2,784,906
Results of operations:				
RHA grant	$	2,248,060	$	2,265,041
Other revenue		415,914		366,598
Total revenue	$	2,663,974	$	2,631,639
Salaries and benefits	$	2,309,045	$	2,215,464
Other expenses		608,689		618,457
Total expenses	$	2,917,734	$	2,833,921
Deficiency of revenue over expenses	$	(253,760)	$	(202,282)

Other expenses include amortization of $140,101 (2014 - $144,596).

		2015		2014
Cash flows:				
Cash used in operations	$	(16,094)	$	(103,697)
Cash from (used in) investing and financing activiti		(82)		4,634
Cash from (used in) capital		81		(5,768)
Decrease in cash	$	(16,095)	$	(104,831)

Cash used in capital activities includes capital purchases of $4,352 (2014 - $14,255).

11. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP[1]	PEPP	Total 2015	Total 2014
Number of active members	1,330	8	1,338	1,387
Member contribution rate, percentage of salary	8.10-10.70%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	9.07-11.98%*	6.00-7.00%*		
Member contributions	4,540,224	45,219	4,585,443	4,225,810
RHA contributions	5,080,739	40,737	5,121,476	4,723,517

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2015. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Accumulated sick leave benefit liability:

The RHA provides certain compensated sick leave benefits to its employees. These benefits generally accumulate with employee service but do not vest. The liability represents the present value of the amount attributed to the expected future utilization of the accumulated sick leave benefits. The liability relates only to the sick days used in a future year that are over and above sick days earned in a future year.

11. Employee Future Benefits (continued)

The liability is actuarially determined using the projected benefit method prorated on service and management's best estimate of expected increase in earnings, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2015. Key assumptions used as inputs into the calculation are as follows:

	2015	2014
Discount rate	1.90	2.85
Expected average remaining service life	12 years	12 years
Earnings increase for seniority merit and promotion is as follows:		
Employee groups		
For ages 15 to 29		2.0%
For ages 30 to 39		1.5%
For ages 40 to 49		1.0%
For ages 50 to 59		0.5%
For ages 60 and over		0.0%
SUN members at 20 years of service (ages 60 and over)		2.0%

	2015	2014
Accrued benefit obligation, beginning of year	$ 3,057,400	$ 3,123,800
Cost for the year		
Current period benefit cost	380,500	384,600
Employment benefit interest expense	88,600	81,100
Actuarial losses	12,200	18,000
Benefits paid during the year	(504,900)	(550,100)
Accrued benefit obligation, end of year	$ 3,033,800	$ 3,057,400

Unamortized actuarial losses at March 31, 2015 were $276,900 (2014 - $113,900).

12. Budget

The RHA approved the 2014-2015 budget plan on June 5, 2014. Subsequent to budget approval, contract compensation adjustments totaling $103,966 were added to the budget for both revenue and expenses.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from the Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposures as follows:

	2015	2014
Cash and short-term investments	$ 12,421,128	$ 21,198,405
Accounts receivable		
Ministry of Health - General Revenue Fund	501,954	151,152
Other	2,068,964	2,519,177
Investments	5,508,700	3,329,395
	$ 20,500,746	$ 27,198,129

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

---

13. Financial Instruments (continued)

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2015 and 2014 have fixed interest rates.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2015 the RHA has a cash balance of $12,421,128 (2014 - $21,198,405).

f) Fair value:

The carrying amount of the following financial instruments approximate fair value due to their immediate or short-term nature:

- Accounts receivable
- Accounts payable, accrued salaries and vacation payable
- Cash and short term investments

The fair value of mortgages payable and long term debt before the repayment required within one year, is $3,596,476 (2014 - $3,870,697) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2015		2014	
	Operating Fund	Restricted Fund	Operating Fund	Restricted Fund
Capital asset purchases	$ (292,772)	$ 292,772	$ (191,655)	$ 191,655
Mortgage payments	(478,539)	478,539	(445,657)	445,657
Debt repayment	(131,584)	131,584	(91,683)	91,683
Other	(786,451)	786,451	(824,502)	824,502
	$ (1,689,346)	$ 1,689,346	$ (1,553,497)	$ 1,553,497

15. Energy Renewal Project

Energy performance contracting was a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. The RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $1,538,746. Construction costs have been financed through a $1,000,000 long term debt facility with a balance of $858,798 outstanding (2014 - $910,835), which bears interest at a rate of 4.48%. The term debt facility is amortized over a period of 15 years.

Results of the energy renewal project since its inception are:

	2015	2014	Prior	Total
Estimated utility savings	$ 145,947	$ 145,947	$ 43,246	$ 335,140
Interest cost	40,732	42,752	22,369	105,853

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 and 2015-16.

17. Changes in Accounting Policy

Effective April 1, 2014, the RHA adopted the new PS 3260 Liability for Contaminated Sites standard. This section establishes standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced into air, soil, water or sediment of a chemical, organic or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard. This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all of the following criteria are met:

- an environmental standard exists;
- contamination exceeds the environmental standard;
- the RHA:
    - is directly responsible ; or
    - accepts responsibility;
- the RHA expects that future economic benefits will be given up; and
- a reasonable estimate of the amount can be made.

The adoption of the new PS 3260 standard has not resulted in any changes to the measurement and recognition of liabilities in the RHA's 2015 financial statements.

18. Collective Bargaining Agreements

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. The Health Services Association of Saskatchewan (HSAS) contract expired March 31, 2013. The Service Employees International Union (SEIU) contract is in effect until March 31, 2017.

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2015, with comparative information for 2014

	Budget 2015	Actual 2015	Actual 2014
Operating:			
Advertising & public relations	$ 108,550	$ 59,026	$ 95,824
Board costs	84,624	63,316	81,661
Compensation - benefits	13,497,089	13,165,317	13,038,736
Compensation - employee future benefits	(23,600)	(23,600)	(66,400)
Compensation - salaries	68,329,735	68,673,642	67,426,656
Continuing education fees & materials	113,063	113,937	88,065
Contracted-out services - other	967,031	866,207	866,627
Diagnostic imaging supplies	43,700	35,990	37,485
Dietary supplies	112,400	130,573	105,575
Drugs	727,901	608,090	632,090
Food	1,425,200	1,495,641	1,419,903
Grants to ambulance services	135,498	134,825	129,825
Grants to health care organizations & affiliates	2,859,061	2,939,117	2,950,270
Housekeeping & laundry supplies	583,762	574,048	575,272
Information technology contracts	467,995	532,544	588,856
Insurance	305,980	330,026	259,688
Interest	12,696	28,574	28,495
Laboratory supplies	727,291	611,105	706,269
Medical & surgical supplies	1,274,886	1,424,326	1,252,735
Medical remuneration and benefits	2,499,195	2,440,086	2,142,492
Meetings	56,799	32,730	16,374
Office supplies & other office costs	634,715	646,608	620,847
Other	539,016	567,023	522,983
Professional fees	1,077,091	1,051,907	908,439
Purchased salaries	353,413	267,476	333,071
Rent/lease/purchase costs	958,127	994,162	1,197,146
Repairs and maintenance	1,673,551	2,078,737	2,042,784
Supplies - other	195,045	223,978	186,344
Therapeutic supplies	30,000	18,188	22,077
Travel	992,923	919,425	953,217
Utilities	1,975,915	1,929,100	2,057,052
	$ 102,738,652	$ 102,932,124	$ 101,220,458
Restricted:			
Amortization		$ 4,278,596	$ 3,896,587
(Gain) loss on disposal of fixed assets		(4,500)	1,203
Mortgage interest expense		162,934	214,527
Other		53,369	42,254
		4,490,399	4,154,571
		$ 107,422,523	$ 105,375,029

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2015

		Carrying Value	Maturity	Effective Rate
Restricted Cash and Investments				
Cash and Short Term Investments				
Chequing and Savings:				
RBC Dominions Securities	$	4,557,861		
Prairie Centre Credit Union - Rosetown		3,511		
		4,561,372		
Short Term Investments:				
CPN - Prov of Ont		6,918	May 03, 2015	3.83%
GIC - HSBC Bank		66,283	Jun 09, 2015	3.65%
GIC - Manulife Bank		55,000	Nov 05, 2015	2.85%
GIC - Home Trust Company		55,000	Nov 16, 2015	2.30%
GIC - NatCan		86,500	Feb 18, 2016	3.46%
		269,701		
Total Cash & Short Term Investments	$	4,831,073		
Long Term Investments				
GIC - National Bank of Canada	$	79,740	Jun 15, 2016	3.03%
GIC - ICICI Bank		55,000	Nov 07, 2016	2.78%
GIC - Laurentian Bank		89,060	Jan 29, 2017	2.15%
GIC - Pacific & Western		75,000	Jun 04, 2017	2.60%
GIC - Equitable Trust		75,000	Jun 05, 2017	2.55%
GIC - Korea Exchange Bank		75,000	Oct 23, 2017	2.25%
GIC - Canadian Western Bank		100,000	Dec 10, 2017	2.10%
GIC - Homequity Bank		85,300	Jul 26, 2018	2.65%
GIC - Tangerine Bank		75,000	Oct 23, 2018	2.25%
GIC - Equitable Bank		69,396	Nov 21, 2018	2.65%
GIC - Montreal Trust of Canada		100,000	Dec 10, 2018	2.31%
GIC - State Bank of India		75,000	Oct 23, 2019	2.51%
GIC - Bank of Nova Scotia		100,000	Dec 10, 2019	2.57%
GIC - B2B Bank		100,000	Mar 11, 2020	2.15%
GIC - LBC Trust		100,000	Mar 11, 2020	2.15%
		1,253,496		
Total Restricted Cash and Investments	$	6,084,569		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2015

		Carrying Value	Maturity	Effective Rate
Unrestricted Cash and Investments				
Cash and Short Term				
Affinity Credit Union - Davidson	$	9,820		
Alterna Investment Savings		710,885		
Biggar Credit Union		28,372		
CIBC - Lucky Lake		1,431		
Co-Op Equity Accounts		15,842		
Hollis Investment Savings		71,782		
Innovation Credit Union - Wilkie		43,749		
Kerrobert Credit Union		587,344		
Petty Cash		7,085		
Prairie Centre Credit Union - Rosetown		5,555,151		
Synergy Credit Union - Kindersley		31,386		
Unity Credit Union		35,655		
		7,098,502		
Short Term Investments:				
GIC - Canadian Western Bank	$	262,194	Aug 31, 2015	2.12%
GIC - RBC		229,359	Sep 04, 2015	2.00%
		491,553		
Total Cash & Short Term Investments	$	7,590,055		
Long Term Investments				
GIC - Concentra	$	261,932	Aug 29, 2016	2.30%
GIC - RBC		229,359	Sep 06, 2016	2.15%
TD - Prairie Centre Credit Union - Rosetown		1,099,277	Oct 19, 2016	2.25%
GIC - Concentra		236,666	Oct 11, 2017	2.78%
GIC - Manulife		236,666	Oct 11, 2017	2.61%
TD - Prairie Centre Credit Union - Rosetown		1,095,421	Nov 05, 2017	2.25%
TD - Prairie Centre Credit Union - Rosetown		500,000	Apr 11, 2018	2.50%
TD - Prairie Centre Credit Union - Rosetown		327,657	Apr 11, 2019	2.85%
TD - Prairie Centre Credit Union - Rosetown		268,226	Sep 22, 2019	2.80%
		4,255,204		
Total Unrestricted Investments	$	11,845,259		
Total Cash and Investments	$	17,929,828		

Restricted Investments consist of Restricted donations and capital funding (Schedule 3) and Replacement Reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund and other Internally Restricted Funds (Schedule 4).

Restricted and Unrestricted Totals		
Total Cash & Short Term	$	12,421,128
Total Long-Term Investments	$	5,508,700
Total Investments	$	17,929,828

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2015, with comparative information for 2014

	Balance Beginning of Year	Donations	Other Capital Revenue, Net of Expenses	Transfer from Operating Fund	Transfer from/(to) Investment in Capital Asset Fund	Balance End of Year
Sask Health Initiatives						
Equipment Funding	177,934	-	215,000	-	(63,636)	329,298
Diagnostic Equipment	12,734	-	-	-	-	12,734
Safety Equipment	9,990	-	-	-	-	9,990
Block Funding	760,788	-	392,500	-	(632,850)	520,438
Long Term Care Building Projects	2,089,833	2,540,422	303,718	-	(4,249,478)	684,495
EMS Radios	13,959	-	-	-	-	13,959
Total Sask Health	3,065,238	2,540,422	911,218	-	(4,945,964)	1,570,914
Non Sask Health Initiatives						
Donations	$ 1,158,663	$ 1,299,057	$ 17,792	$ -	$ (1,032,149)	$ 1,443,363
Other	315,510	-	69,600	-	33,486	418,596
Total Non Sask Health	1,474,173	1,299,057	87,392	-	(998,663)	1,861,959
Total Externally Restricted Funds	$ 4,539,411	$ 3,839,479	$ 998,610	$ -	$ (5,944,627)	$ 3,432,873

Schedule 4

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2015, with comparative information for 2014

	Balance Beginning of Year	Investment & Other Income	Annual Allocation to Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Replacement Reserves						
Biggar Diamond Lodge	$ 87,890	$ 1,100	$ -	$ -	$ -	$ 88,990
Outlook Pioneer Home	55,270	925	-	-	-	56,195
Kindersley Heritage Manor	224,880	2,811	-	-	-	227,691
Davidson Prairie View Lodge	179,250	1,804	-	-	-	181,054
Elrose & District Health Centre	74,000	691	-	-	-	74,691
Eston Jubilee Lodge	144,320	2,240	-	-	-	146,560
Total Replacement Reserves	765,610	9,571	-	-	-	775,181
Other Internally Restricted Funds						
Appropriated for Other	1,650,416	-	(926,318)	1,689,346	(571,623)	1,841,821
Total Internally Restricted	$ 2,416,026	$ 9,571	$ (926,318)	$ 1,689,346	$ (571,623)	$ 2,617,002

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2015, with comparative information for 2014

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total 2015	Total 2014
Anderson Richard - Chairperson	$ 9,960	$ 6,881	$ 3,668	$ 4,928	$ -	$ 997	$ 26,434	$ 23,940
Goring, Loretta	-	2,269	1,038	1,201	-	83	4,591	5,630
Groves, Gary	-	2,800	438	207	-	-	3,445	4,534
Ilott, Lorreen	-	2,125	525	906	-	63	3,619	6,975
Lorenz, Hazel	-	1,475	975	997	-	95	3,542	4,695
McIntyre, Norm	-	1,500	363	382	-	180	2,425	5,247
Nykiforuk, David	-	1,425	538	885	-	58	2,906	4,236
Rankin, Lyle	-	1,700	400	643	-	-	2,743	2,672
Siemens, George	-	2,400	595	747	-	58	3,800	2,935
Stockford, Mark	-	1,288	81	354	-	58	1,781	1,629
Whittles, Mary-Lou	-	2,538	737	709	-	104	4,088	5,230
Total	$ 9,960	$ 26,401	$ 9,358	$ 11,959	$ -	$ 1,696	$ 59,374	$ 67,723

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2015, with comparative information for 2014

Senior Employees	Salaries[1]	Vacation Payout[1]	Sub-total (Total Salaries)	Benefits and Allowances[2]	Severance Amount	Total 2015	Salaries, Benefits & Allowances[1,2]	Severance	Total 2014
Cummings, Gregory - President/CEO	$ 274,960	$ -	$ 274,960	$ 810	$ -	$ 275,770	$ 270,505	-	$ 270,505
Bosch, Stacey - VP of Corporate Services	181,582	-	181,582	400	-	181,982	177,001	-	177,001
Pajunen, Sheila - VP of Human Resources	181,584	-	181,584	400	-	181,984	175,890	-	175,890
Munro, Jeannie - VP of Primary Health and Quality Services	181,579	-	181,579	800	-	182,379	174,839	-	174,839
Riendeau, Gayle - VP of Health Services	228,068	-	228,068	800	-	228,868	216,775	-	216,775
Pierrepont, Wayne - Director of Environmental Services	120,481	-	120,481	-	-	120,481	122,156	-	122,156
Ledding, Dr. David - Sr. Medical Manager	-	-	-	-	-	-	149,500	-	149,500
Williams, Dr. Lyle - Sr. Medical Manager	150,000	-	150,000	-	-	150,000	25,000	-	25,000
Total	$1,318,254	$ -	$1,318,254	$ 3,210	$ -	$1,321,464	$1,311,666	$ -	$1,311,666

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. Refer to Note 16 for further details.

2. Benefits and Allowances include the employers share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone; computer; etc. As well as any other taxable benefits.